



Calvary Girls Club Registration Form

Child's Name: _____

Date of Birth (dd/mm/yyyy): _____

School: _____ Grade: _____

Home Address: _____ Postal Code: _____

Parent/Guardian 1. _____ Cell # _____ Email: _____

2. _____ Cell # _____ Email: _____

Who will collect your daughter from Girls' Club? _____

Is anyone NOT allowed to collect your child? _____

Emergency Contact Name: _____ Phone: _____

Doctor: _____ Care Card Number: _____

Allergies/Health Issues: _____

1. I (print your name) _____ give my consent to Calvary Baptist Church to use the personal information contained above for pastoral care, participation in church related activities and emergency care. I understand that my personal information will be securely stored in the Church building and will not be passed on to any third parties without my prior consent. Yes / No
2. I give permission for first-aid to be rendered to my child if necessary. Yes / No
3. Understanding that every reasonable effort will be made to contact me in the event of an emergency, if I cannot be contacted in a reasonable time, I grant permission to the authorized representatives of Calvary Baptist to give consent to professional medical personnel to provide whatever emergency care they deem necessary. Yes /No
4. I give permission for my child to go outside for activities. Yes /No
5. In response to Anti-Spam Legislation, I give consent to receive group contact e-mails, or other forms of communication, regarding Calvary ministry to my child. Yes / No
6. I give permission for the use of any photos and/or videos taken of my child during the program activities to be used:

Around church: Yes / No On Website: Yes / No For promotional purposes of the program: Yes / No

I being a parent/legal guardian of _____ have read and understand all that is described above.

Signature: _____ Date (dd/mm/yyyy): _____