



Rockcliffe Pentecostal Church
Under the Big Top VBS
Registration Form

Information received is confidential and is being gathered for the purposes of serving your Child while in the care of Rockcliffe Pentecostal Church. Any medical information collected here serves to authorize Rockcliffe Pentecostal Church, and its Staff and Volunteers, to obtain medical assistance in emergencies.

Child's Name _____ Age _____

Address _____

City _____ Postal Code _____

Cell Phone Number _____ Health Card Number _____

Family Doctor _____ Doctor's Phone Number _____

In case of an emergency, contact _____

Does your Child have any allergies, physical, emotional, mental behavioural concerns or limitations that staff should be aware of? ☐ Yes ☐ No

If yes, please explain _____

Photos

Please tick any or all of the boxes below, then sign below to grant permission for the reasonable use of pictures containing your Child in any or all of the following ways:

☐ Brochures/Promotional material

☐ Rockcliffe Pentecostal Church

☐ Website

☐ Newsletters

☐ Videotaping

I voluntarily agree and consent to the participation of my Child in this supervised activity.

While every precaution is taken for the safety and good health, some sports and activities carry with them the inherent risk of personal injury beyond the risks associated with many of the recreational activities at Rockcliffe Pentecostal Church. I understand that I am exposing my Child to inherent risks and hazards. I accept all these risks and hazards and agree that by allowing my Child to participate in those activities, and acknowledge that I will be responsible for any injury or other loss which may occur during my Child's participation of these activities.

I/we, the Parent(s) or guardian(s) named below, authorize Pastor Phil or one of Rockcliffe Pentecostal Church's Program Personnel to sign consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedures for the participant named above.

I/we, named below, undertake and agree to indemnify and hold blameless Rockcliffe Pentecostal Church, its Personnel, its leaders and Board from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of Rockcliffe Pentecostal Church, as well as of any medical treatment authorized by the supervising individuals representing Rockcliffe Pentecostal Church. This consent and authorization is effective only when participating in or traveling to events of Rockcliffe Pentecostal Church. I have read, understood and agree with above.

Parent (Guardian) Name(s) _____ (print)

_____ (print)

Parent / Guardian Signature(s) _____ Date _____

_____ Date _____