

JUNIOR YOUTH POWER WEEKEND
2019

STUDENT INFORMATION:

Name: _____
Grade: _____ Gender: M F
Birthday (yyyy/mm/dd): ____/____/____
Address: _____
City: _____ Province: _____
Postal Code: _____
Primary Phone: (_____) _____
Alternate Phone: (_____) _____
Parent's Names: _____

EMERGENCY CONTACT:

(If Parents cannot be contacted)

Name: _____
Relationship to Child: _____
Primary Phone: (_____) _____
Alternate Phone: (_____) _____

MEDICAL INFORMATION:

Doctor's Name: _____
Phone: (_____) _____
Provincial Medical Registration Number:

Provincial Medical Personal ID Number:

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Does your child have severe or life-threatening allergies? Yes No

If yes, please explain: _____

Does your child have physical, medical or behavioural concerns to be aware of?

Yes No

If yes, please explain: _____

I give permission for my child to be photo/video graphed for advertising purposes. Yes No

PARENTAL CONSENT:

**Required for all participants*

Precautions are taken for the safety and health of your child, but in the event of accident or sickness, Devoted Ministries Inc., its staff, volunteers, and sponsoring churches are hereby released from any liability. In the event that your child requires special medication, x-rays or treatment, the parent/guardian will be notified immediately. In case of surgical emergency, I hereby give permission to the physician selected by Devoted Ministries to hospitalize, secure proper treatment for and to order injection, anesthesia, or surgery for my child as named above.

I give my child, _____ permission to participate in the Devoted Ministries Junior Youth Power Weekend 2018 event.

Parent/Guardian's Name (please print):

Parent/Guardian's Signature:

Date: _____

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