Bonanza Program Registration Consent Form

For the year 2025-2026

Childs Name: _____

DOB: (M/D/Y)_____ Grade: _____

Parent/Guardian Name: _____

E/Mail: _____

Address: _____

_____

Phone #: _____

Emergency Contact:

Name: _____

Phone #: _____

Care Card #: _____

Medical Alerts or Allergies: _____

_____

Does your child have physical, mental, or behavioural concerns or limitations that our leaders should be aware of? If Yes, please explain: (or contact Katie Richardson directly, at 250-334-3432)

_____

The safety of your child is our primary concern. Precautions will be taken for their well-being and protection. All provincial health regulations will be followed.

****Please read, answer the questions and sign the waiver on the reverse side of this form.**

Courtenay Fellowship Baptist Church

Participation Waiver Bonanza

As the parent/guardian of _____

With my signature, I hereby give my child permission to participate in this activity in its entirety and I agree to hold CFBC, its officers, employees, leaders & volunteers completely harmless including financial responsibility for any injuries sustained, or illness that occurred, regardless of the cause or circumstances. I also grant CFBC permission to obtain medical aid/assistance if necessary.

☐ I/We give permission for Bonanza staff/volunteers to walk my child(ren) from Arden Elementary to Courtenay Baptist Church, crossing Lake Trail Road.

☐During this activity photos/videos may be taken of participants. Please check the box if you give CFBC permission to use these images for non-commercial events.
i.e., sharing on our social media or website.

Parent/Guardian Name: _____ Date: _____