

Child/Youth Name: _____ Male Female

Parent/Guardian Names: 1. _____ Relationship _____

2. _____ Relationship _____

3. _____ Relationship _____

(List all people authorized by you to sign-in/out your child from GraceLand)

Child/Youth Home Phone#: _____

Child/Youth Birthday: ____ / ____ / _____ School Grade as of Sept 2016: _____
 mm dd yyyy

Primary Address: _____

City _____ Postal Code: _____

Parent's Email Address: _____

Youth Email Address: _____

I consent to allow Wellington Square United Church to communicate with me via email and/or Facebook (closed group page) regarding congregational events and information.

I consent to allow Wellington Square United Church to use photos of my above-named child for promotional use and general display on church bulletin boards, church website, Facebook (closed group page) and other promotional activities.

Additional Needs, Allergies and Medical Conditions:

If your child has significant health factors or additional needs of which Wellington Square United Church should be aware of, please describe the condition(s) below *(If you require additional space, please use back of form)*:

Parent/Guardian Emergency Contact Info

Name: _____ Home# _____ Cell# _____

Name: _____ Home# _____ Cell# _____

As a parent/guardian of _____ I hereby give permission for the subject of this release to be involved in the overall activities of the Wellington Square United Church Child/Youth Programs.

I/We understand all reasonable safety precautions will be taken at all times by Wellington Square United Church and its agents during the events and activities. I/We authorize any treatment by an accredited hospital and /or physician deemed necessary for the subject of the release in case of an emergency. I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk. I/We agree not to hold Wellington Square United Church, its leaders, employees, and volunteer staff liable for damages, diseases, or injuries incurred by the subject of this form.

Parent/Guardian Name: _____

Signature: _____

Date: _____

Permission to Drive/Ride (Grade 7 & above) – As a parent/guardian of _____, I give him/her permission to

- Ride in a vehicle with 18+ driver (parent to be alerted when applicable)

Please complete and return a Participant Form for each child/youth by September, 18, 2016. Thank you for supporting this important procedure to help ensure safety for all children.