



Registration/Medical Form

Parent/Guardian Information

Family Name: _____ Phone Number: _____

Address: _____ Town: _____

Postal Code: _____ E-mail: _____

Parent/Guardian Name: _____ Emergency Contact Number: _____

Authorized to sign children in and out: _____

Clubber Information

Name: _____ Grade: _____

Gender: Male Female Date of Birth: _____

Allergies/Health Concerns/Special Needs: _____

Name: _____ Grade: _____

Gender: Male Female Date of Birth: _____

Allergies/Health Concerns/Special Needs: _____

Name: _____ Grade: _____

Gender: Male Female Date of Birth: _____

Allergies/Health Concerns/Special Needs: _____

Consent

I, the undersigned, give permission for my child/children to take part in all regular activities and release the Simcoe Gospel Chapel and its staff, volunteers, and board of directors from any liability to the child's attendance at Simcoe Gospel Chapel. I authorize Simcoe Gospel Chapel to give normal medical attention to my child, and to secure appropriate emergency medical if necessary. Simcoe Gospel Chapel will make reasonable efforts to contact me before action is taken. I am the child's parent or legal guardian and have legal custody of the child/children. I understand that any relevant conditions of custody must be fully disclosed to the Simcoe Gospel Chapel, including a copy of any court order. I give consent to the Simcoe Gospel Chapel to take photographs and videos of my child/children in connection with the Awana program. I understand the materials will be used for promotional materials and advertising purposes and may be displayed within the Chapel and Simcoe Gospel Chapel Awana Facebook page.

Name: _____ Date: _____

Signature: _____