

Community of Christ

Congregational Children/Youth Events Registration Form

Enrolment Form

Name: Home Phone: Email:

Street Address: City: Province: Postal Code:

Emergency Contact Name: Phone:

Release and Waiver of Liability

❖ I understand that attendance at camp/retreat/event involves certain risks and dangers, not all of which can be listed here. Amongst the more obvious and frequent are: hazards in connection with movement about camp/retreat/event and over uneven terrain; hazards in connection with camp/retreat/event sports activities; hazards in connection with travel to and from camp/retreat/event; and hazards in connection with the use of camp/retreat/event buildings and facilities.

❖ I, as the parent/guardian of the named participant, am not relying on any oral or written statements made by Community of Christ or by anyone representing it, whether such representations are contained in brochures or media form or in individual conversation, to lead him/her to become involved in the camp/retreat/event program for which he/she has applied on any basis other than my assumption of the risks and dangers involved.

❖ I, as the parent/guardian of the named participant, accept all risks and dangers and the possibility of death, personal injury, property damage and loss resulting from his/her attendance at camp/retreat/event. The risk is accepted for any cause whatsoever on the part of Community of Christ or its employees, agents or representatives.

❖ I confirm that I have read over this agreement before signing, that I understand it, that I am signing it of my own free will and accord and that it will be binding not only on me, but also on my heirs, my next of kin, and my estate trustees.

❖ I agree that the laws of the Province where the event is held govern this contract and that any legal concerns will be handled in the courts of that Province.

Signature of Parent/Guardian _____

Date

Photo Release

In consideration of the aforementioned applicant to participate in this activity, I hereby give consent to and authorize the taking of photographs or videotapes in which my child may appear. I hereby waive all right of privacy in and to any pictures, videotapes or web page.

Signature of Parent/Guardian _____

Date

Medical Information

Medical Information for: (full name)

The following questions are for informational purposes only and all answers will be held in strict confidence. This information is required to help insure your child's health, safety and, if required, official medical treatment.

Allergy to food, medications:

Yes

No

List allergies:

Is the child currently under a physician's care for any acute or chronic conditions?

Yes

No

If yes, please explain:

Does the child carry *nonprescription* medication(s) on your person?

Yes

No

Medication(s) and purpose:

Does the child carry *prescription* medication(s) on your person?

Yes

No

Medication(s) and purpose:

Physician:

Phone:

Health Card Number:

Permission for Medical Treatment

I, the undersigned, hereby authorize any necessary medical treatment for my child. I also guarantee payment of all charges incurred during this medical treatment (physician, hospital, x-ray, lab, medicines, ambulance, other).

Signature of Parent/Guardian

Date