



PROGRAM REGISTRATION

WAIVER and MEDICAL RELEASE

COMPLETE AND RETURN FORM TO THE CHURCH! (Please check at least one box, though consent is granted for all)

- KIDS Church - Sundays at 11 am**
 BG- Boys & Girls Program - Wednesdays at 7 pm
 Jr. High Youth (Gate) Wednesdays at 7 pm
 Senior High Youth Fridays at 7:30 pm
 Other) _____

Child's Name: _____ Date Of Birth: Year _____ Month _____ Day _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

EMAIL: _____ Health Card # _____

I give my permission for my child to be released from the program on their own, without security receipt or parent pickup. YES _____ NO _____

Does your child have any severe allergies? (bee stings, food [i.e. peanuts, etc], penicillin, other drugs) YES _____ NO _____

If yes, please explain: _____

Does your child have any life-threatening allergies? YES _____ NO _____

If yes, please explain: _____

Is your child bringing any medication with him or her? (Antibiotics, ventilator, Ritalin) YES _____ NO _____

If Yes, please explain: _____

Does your child have any physical, emotional, mental or behavioural concerns or limitations that our staff should be aware of? YES ___ NO _____

If yes, please explain: _____

Check if your child currently, or within the last three months, has had any of the following:

- Asthma
 Epilepsy
 Diabetes
 Fainting

Date of last Tetanus shot, if known: _____ (Use the back of this page to record any other details or concerns.)

DISCLAIMER OF LIABILITY, RELEASE OF CLAIMS, & MEDICAL RELEASE - IMPORTANT - PLEASE READ CAREFULLY

By signing below I understand and give informed consent for my child to participate in any or all of the programs and activities offered by Innisfil Community Church including periodic events and activities that are held off premises from time to time.

Medical Release: I (we) also understand, precautions are taken for the safety and health of your child, but in the event medical treatment is required, every effort will be made to contact me. However, if I cannot be reached I give my permission to a licensed medical practitioner to provide the care necessary, special medication, x-rays or treatment, including anaesthesia, for my child's well-being. In the event of accident or sickness, *Innisfil Community Church*, its staff, and its volunteers are hereby released from any liability. In case of surgical emergency, I hereby give permissions to the physician selected by *Innisfil Community Church* to hospitalize, secure proper treatment for, and to order injection, anaesthesia or surgery for my child as named above. (Your child must be covered by Provincial Health Insurance or equivalent medical insurance.)

This Disclaimer of Liability and Release of Claims is to be executed by the participant, or if the participant is a minor, by the participant's parent/guardian. The Application for Program Registrations ("Application") will not be accepted unless it has been executed. In consideration of the Innisfil Community Church accepting this Application I agree to this disclaimer of Liability and Release of Claims.

Disclaimer: The participant assumes all risks associated with his or her participation in the programs offered by Innisfil Community Church. Innisfil Community Church accepts no liability for bodily injury, death, property or loss due to any cause whatsoever, including, without limitation, negligence on the part of the Innisfil Community Church, including its elected officials, employees, agents and volunteers.

Release: The participant and his or her parents/guardians waive any and all claims they may now and in the future may have against, and release from all liability and agree not to sue, the Innisfil Community Church and its elected officials, employees, agents and volunteers. This release includes all claims for bodily injury, death, property or loss sustained by the participant as a result of his or her participation in the programs and activities offered by Innisfil Community Church including, without limitation, negligence on the part of the Innisfil Community Church, its elected officials, employees, agents and volunteers. I hereby give permission for Innisfil Community Church staff to take photographs of my child, children or myself. I understand that the photographs may appear in the Innisfil Community Church newsletters, promotions and/or Innisfil Community Church web site.

I confirm that I have read this agreement before signing it and that I understand it and that it is binding not only on me and the participant but also on our helps, executors and assigns. This application will not be accepted unless signed. Consent extends beyond the current year, and remains until withdrawn in writing to the church.

Parent's Name (Print): _____ Phone : Home: _____ Work: _____ Cell: _____

Parent/Guardian's Signature: _____ Date: _____

In case of emergency contact (*other than parent*): _____ Phone: _____

Name of Family Physician: _____ Physician's Phone Number: _____