



REGISTRATION FORM FOR 20__/20__ SCHOOL YEAR

Girl's Name: _____

Grade: _____ Birthdate: _____

Parent/Guardian(s) Name(s): _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

Can we text you? **YES/NO**

Email Address(es): _____

Information received is confidential and gathered for the purposes of serving your child while in the care of Covenant Christian Reformed Church (CRC). Any medical information collected serves to authorize Covenant CRC staff and volunteers to obtain medical assistance in emergencies.

Alberta Health Care Number: _____

Allergies: _____

Emergency contact: _____

Family Doctor: _____

Does your child have any physical, emotional, mental, behavioural concerns or limitations that GEMS leaders should be aware of? **YES/NO**

If yes, please explain: _____

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

I/we, the parents or guardians named below, authorize Covenant CRC GEMS leaders to sign a consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedures for the child participant named above.

I/we, named below, undertake and agree to indemnify and hold harmless Covenant CRC GEMS leaders, Covenant CRC and its staff and volunteers from and against any loss, damage or injury suffered by the child participant as a result of being part of the activities of Covenant CRC, as well as of any medical treatment authorized by supervising individuals representing Covenant CRC.

This consent and authorization is effective only when participating in or traveling to events sponsored by Covenant CRC.

PHOTO PERMISSIONS

Please place checkmarks beside any or all of the following ways below to grant permission for reasonable use of pictures containing your child:

___ Brochures/Promotional Material

___ Website

___ Videotaping

___ Newsletters

PURPOSES AND EXTENT OF INFORMATION COLLECTED

Covenant CRC is collecting and retaining this personal information for the purpose of enrolling your child in our programs, to develop and nurture ongoing relationships with you and your child, and to inform you of program updates and opportunities at GEMS. This information will be maintained indefinitely as it is a requirement of our insurance company and legal counsel. If you wish to limit the information collected, or to view your child's information, please contact us.

I have read, understood and agree with above.

Parent Signature: _____

Printed Parent Name: _____

Date: _____

REGISTRATION FEE FOR YEAR: \$25 per girl OR \$40 for two siblings

Please make cheque payable to: Covenant C&Y Ministries

Cheque #: _____ Cash: _____ Initial for cash: _____

GEMS T-SHIRT: ___ Youth S (6 - 8) ___ Youth M (10 - 12) ___ Youth L (12 - 14)