

## *International Gospel Centre*

Name of Activity: **Ukulele Lessons February 6 – April 24, 2019**  
 Field Trips and Special Events  
 Registration, Waiver & Medical Release Form

Date of Activity: Intro to Ukulele Drop off Time: 6:30pm Pick up Time: 7:00pm  
 Location: **International Gospel Centre - Sanctuary** Contact Person/Department Leader: **David McElrea**  
 Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ PC: \_\_\_\_\_  
 Phone: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Chaperones: \_\_\_\_\_  
 Does your child have any severe or life threatening allergies? (bee stings, food, penicillin, other drugs)  
 Yes  No  If yes, please explain: \_\_\_\_\_

Is your child bringing any medication with him or her? (Antibiotics, ventilator, Ritalin, Epipen) Yes   
 No  If yes, please explain: \_\_\_\_\_  
 (Please note that IGC Volunteers are **NOT** allowed to administer medications)

Does your child have any physical, emotional, mental or behavioral concerns or limitations that our staff should be aware of? Yes  No  If yes, please explain: \_\_\_\_\_

Precautions are taken for the safety and health of your child, but in the event of accident or sickness, *International Gospel Centre* its staff, and its **Approved Volunteers** are hereby released from any liability. In the event that your child requires special medication, x-rays or treatment, the parents/guardians will be notified immediately.

Your child must be covered by Ontario Health Insurance Plan or equivalent medical insurance. OHIP No:(optional) \_\_\_\_\_ Tetanus Shots: \_\_\_\_\_  
 Family Physician: \_\_\_\_\_ Physician's Ph: \_\_\_\_\_

***I am aware there is a \$50 refundable deposit on the day of registration. The \$50 will be returned upon completion of the lessons when the ukulele is returned in the same condition it was given to me, in good repair. IGC will lend a music book to the participant. At the end of the lessons if the participant would like to keep the ukulele and the book, the \$50 will not be returned and additional \$15 will be required to cover the cost of the book.***  Please initial here that you have read and agree to these terms

### **Contact Information and Parental Consent:**

Name of Parents (or Legal Guardians): \_\_\_\_\_  
 Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Bus: \_\_\_\_\_  
 Secondary Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Authorized Person to pick up child (if other than parent): \_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian's Signature**

\_\_\_\_\_  
**Date**

## Permission for use of Photos/Videos for Publication

### PRIVACY OF PERSONAL INFORMATION STATEMENT *This form is to be completed by persons 18 years or older*

I \_\_\_\_\_ give permission for my child \_\_\_\_\_  
Parent/Guardian Name of child  
to be photographed/videotaped and for those photos and/or videos to be published.

*International Gospel Centre* respects the privacy of your personal information and visual images, digital, still photos, and video clips, and is committed to protecting the use of these images only for the purpose that you have given your permission.

*Please complete and sign the form to give us permission to use these photos and/or videos for publication.*

Signature of Parent or Legal Guardian: \_\_\_\_\_  
**Person 18 years or older**

**Children's / Youth Ministries**  
35 Charles St. E, Kitchener, ON N2G 2P3  
519-744-3051 Fax: 519-745-5280 email: [office@gospelcentre.net](mailto:office@gospelcentre.net)