

International Gospel Centre

PD Day Camp

Registration, Waiver & Medical Release Form

Date of Activity: **Friday November 16, 2018**

Drop off Time: **9:00 am**

Pick up Time: **3:00pm**

Location: **35 Charles Street E.- IGC classrooms**

Contact Person: **Sekai Mtowela**

Name of Child : _____

Date of Birth: _____ Grade: _____

Address: _____ City: _____ PC: _____

Phone: _____ School: _____

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

Is your child bringing any medication with him or her? (Antibiotics, ventilator, Ritalin, Epi-pen) 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: _____ Date of last Tetanus Shots: _____
(Optional)

Family Physician: _____ Physician's Ph: _____

Contact Information and Parental Consent:

Name of Parents (or Legal Guardians): _____

Email: _____

Would you like to be contacted for upcoming events (example: movie night, park day, PD day)? Yes No

Home Phone: _____ Cell: _____ Bus: _____

Secondary Contact: _____ Phone: _____

Authorized Person to pick up child (if other than parent): _____

I am aware that this PD Camp day at IGC is FREE for my child to attend and I am aware that if my child is picked up after 3:15 p.m., that there will be a 'babysitting charge' of \$10 per hour or any part thereof for each child enrolled in our PD Camp Day. I agree to these terms: Yes No

I am aware that I need to provide my child with his/her meals for two (2) breaks during the day and that they are not permitted to bring any nut products with them. I agree: Yes No

Parent/Guardian's Signature

Date

Please turn over

Children's / Youth Ministries

35 Charles St. E, Kitchener, ON N2G 2P3

519-744-3051 Fax: 519-745-5280 email: office@gospelcentre.net

International Gospel Centre

PD Day Camp

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.

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International Gospel Centre respects the privacy of your personal information and visual images, digital, still photos, and video clips, and are 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

Department Leader

PD Day Coordinator



**ARE YOU BEARING
GOOD FRUIT?**

FREE PD DAY CAMP
~ JK to Grade 6~
Friday November 16, 2018
9:00am to 3:00pm

Registration before November 10, 2018
(LIMITED SPACES AVAILABLE)

**International Gospel Centre,
35 Charles St E, Kitchener**
For more information: 519-744-3051
or email: office@gospelcentre.net

Games,
crafts, and
lots more fun!

Children attending will be required to bring their own
nut-free lunch, snacks & water for the day.

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