

International Gospel Centre

Event Registration Form

Date of Activity: **May 26 - May 28** Drop off Time: **5:00 pm** Pick up Time: **12:30 pm**

Drop Off Location: **Drop off at Sunrise Plaza 1400 Ottawa St. S, Kitchener** Pick Up Location: **IGC**

Contact Person: **Michael Malcolm, Jennifer and Jason Zarnke**

Information about your child:

Name of Child: _____

Date of Birth: _____ Age: _____ Grade: _____

Address: _____ City: _____ PC: _____

Does your child have any severe or life threatening allergies? Yes No

If yes, please explain: _____

Is your child bringing any medication with him or her? 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: _____

Contact Information and Parental Consent:

Name of Parents (or Legal Guardians): _____

Email: _____

Phone Contact:

Mom's Cell: _____ Dad's Cell: _____ Home: _____

Secondary Contact: _____ Phone: _____

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

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 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 Provincial Health Insurance or equivalent medical insurance.

Name of Family Physician: _____ Phone Number: _____

Parent/Guardian's Signature

Date