

## *International Gospel Centre*

Name of Activity: Wednesday Night Kids Clubs  
Field Trips and Special **OFF-SITE** Events  
Registration, Waiver & Medical Release Form

Date of Activity: Sept 25, 2019 to May 20, 2020 Drop off Time: 7:00pm Pick up Time: 8:15pm

Location: 35 Charles St East – IGC Classrooms

Contact Person/Department Leader: Alicia Emmerson/ Michael Malcolm

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, 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:

\_\_\_\_\_ Tetanus Shots: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Physician's Ph: \_\_\_\_\_

### **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): \_\_\_\_\_

*I am aware that the MID-WEEK BLAST PROGRAM 2019/2020 includes off-site trips at the end of each month (October to May) and give permission for my child to attend and participate in each event. I also hereby give permission to IGC to transport my child to and from each offsite. I agree to these terms: \_\_\_\_\_ **Parents Initials***

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

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

**Children's / Youth Ministries**

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

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

## 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**

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