

International Gospel Centre

Name of Activity: Intro to Ukulele Lessons
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 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 to me upon completion of the lessons when I return the ukulele in the same condition it was given to me, in good repair.

Please place a check mark 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

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