

Registration, WAIVER & MEDICAL RELEASE FORM
Field Trips and Special Events

Activity: Awana/Kids Club **Date:** Sept. 2019 – May 2020 **Location:** Goodwood Baptist Church

Chaperones: Debbie Bacon and other leaders **Tshirt size:** _____ (free t-shirt for child's FIRST year)

Name of Child: _____ **Gender:** Male / Female

Age: _____ **Birthdate:** _____ **Grade Completed:** _____

Parents/Guardians: _____

Address: _____

Home Phone: _____ **Cell Phone:** _____

Work Phone: _____ **Email:** _____

Emergency Contact: _____ **Phone:** _____

Relationship to child: _____

Name of home church, if any: _____

Does your child have any severe allergies? Yes ___ No ___ **Life-threatening allergies?** Yes ___ No ___
(ex. bee stings, food, penicillin, other drugs) **Food allergies?** Yes ___ No ___

If yes, explain: _____

Is your child bringing any medication with him/her? (ex. antibiotics, inhaler, epipen) Yes ___ No ___

If yes, explain: _____

Does your child have any physical, emotional, mental or behavioral concerns or limitations that our staff should be aware of, which will help us to make your child comfortable and more effectively teach him/her? (For example, learning disabilities) Yes _____ No _____

If yes, explain: _____

May we put your child's photo to appear on the church's website? Yes _____ No _____

How did you hear about us? Online at _____

Friend _____ Poster _____ Other: _____

Precautions are taken for the safety of your child, but in the event of accident or sickness, **Goodwood Baptist Church**, 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.

Provincial Health Insurance Number: _____

Name of Family Physician: _____ **Physician's Phone:** _____

Parent/Guardian's Signature:

Date:
