

SUPERKIDZ DAY OFF REGISTRATION 2018–2019

A Kids Camp from 9 AM to 4 PM on PA Days and Certain School Holidays

Student's Full Name: _____

Grade: _____ Age: _____ DOB (M/D/Y): _____

Health Card Number: _____

Parent/Guardian 1: _____ **cell phone:** _____

Cell phone carrier: _____ e-mail address: _____

Parent/Guardian 2: _____ cell phone: _____

Cell phone carrier: _____ e-mail address: _____

Child Lives With (first and last name): _____

Trusted Adult: _____ cell phone _____

Does your child have any allergies, medical concerns, medications and/or have any behavioural or mental health conditions we should be aware of? YES NO

(if yes, please write specific conditions and instructions below)

Photo/Video Release (Optional)

I give permission for my child to be photographed or videotaped at Superkidz DAY OFF and Superkidz' special events. I give permission for these photos and/or videos to be used in presentations, on social media and in publications such as (but not limited to) promotions for CPC's Student Ministries Programs.

Signature: _____

Parental Consent and Medical Release

I give consent for my child, _____, to attend Superkidz DAY OFF at Cobden Pentecostal Church and any special events which may take place on or off church property.

I understand that, in the event medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give permission to a licensed medical practitioner to provide the necessary care, including anesthesia, for my child's wellbeing. I hereby release Cobden Pentecostal Church staff and volunteers from any liabilities which may occur during Superkidz DAY OFF.

Signature: _____

Print Name: _____ Date: _____