

MISSION BAPTIST CHURCH
100 North Oval Hamilton, ON L8S 3Z1 Telephone (905) 528-3262
www.missionbaptist.ca

CHILDREN AND YOUTH REGISTRATION AND PERMISSION FORM FOR 2015 / 2016

(Please use a separate form for each person under 18 years of age)

Name of child or minor youth _____ Gender M / F (circle one)
Given Name(s) *Family Name*

Date of Birth _____ OHIP Number _____ Version Code _____
Month/day/Year

Name of Parents/Legal Guardian _____

Address _____ City and Postal Code _____

Home Phone _____ Cell # _____ Email _____

Name(s) and Relationship of Person(s) authorized to pick up the child from an activity _____

Emergency Information

Name and Relationship of Emergency Contact Person (if parent or guardian is unavailable)

_____ Phone # _____

Family Doctor _____ Phone # _____

Please record any medical conditions (allergy, dietary) that we should be aware of: _____

In the event of a serious accident or illness, our procedure will be to contact the parent/guardian and then the emergency contact. If we are unable to do so, your signature below will allow us to proceed at our discretion to seek medical aid, subject to any restrictions noted above. Mission Baptist Church and their representatives are hereby released from any and all claims of liability – including traveling to and from the event and any incident that may transpire at the event itself. I certify that I am the parent or legal guardian of the above described child or minor youth and I grant permission for the above named child or minor youth to participate in the event(s) that I have initialled on the back page, which is an integral part of this form, and I further certify that all information on this form is complete and entirely correct.

Signature of Parent/Guardian

Date

Permission is granted for the child or minor youth described on the reverse of this form to attend the following initialled activity or activities. (Please initial and date each applicable box)

<p style="text-align: center;">NURSERY (Sundays, 10:30 – 11:45 AM)</p> <p>Initialled: _____ On _____ mm/dd/yy</p>	<p style="text-align: center;">CROSSWALK (Sundays, 10:30 – 11:45 AM)</p> <p>Initialled: _____ On _____ mm/dd/yy</p>
<p style="text-align: center;">FAITH WEAVER FRIENDS (Wednesdays, 6:30 – 8:00 PM)</p> <p>Initialled: _____ On _____ mm/dd/yy</p>	<p style="text-align: center;">SOUL IMPACT (Jr. High Youth) (Typically on Fridays, 7:00 – 8:30 PM)</p> <p>Initialled: _____ On _____ mm/dd/yy</p>
<p style="text-align: center;">STANDING GROUND (Sr. High Youth) (Wednesdays, 7:00 – 8:00 PM) (Typically on Fridays, 7:00 – 9:00 PM)</p> <p>Initialled: _____ On _____ mm/dd/yy</p>	

In accordance with the Municipal Freedom of Information Act, 1989, I hereby allow pictures to be taken of my child and to be used for Mission Baptist Church's... (Please indicate below with V = YES or X = NO)

- In House Promotional Material
- Website
- Both

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