



Children & Youth Programs Registration Form 2018/19

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(250)785-1723
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www.charlielakechurch.com

Charlie Lake Community Church is collecting and retaining this personal information for the purpose of enrolling your child in our programs, to assign the student to the appropriate classes, to develop and nurture ongoing relationships with you and your child, and to inform you of program updates and upcoming opportunities at our church. If you wish to limit the information collected, or to view your child's information, please contact us. This form is valid from September 1, 2018 through August 31, 2019 inclusive and applies to all program/activities associated with CLCC.

Family and Parent/Guardian Information:

Parent/Guardian Name	Relationship to Child
Home Phone	Cell Phone
Email	
Mailing Address	

Parent/Guardian Name	Relationship to Child
Home Phone	Cell Phone
Email	
Mailing Address	

Medical Release:

Precautions are taken for the safety and health of your child, but in the event of accident or sickness, CLCC, its staff, and its volunteers are released from any liability. In the event that a child requires medical attention, parents/guardians will be notified immediately.

In case of emergency, I/we consent to and authorize emergency medical treatment for the Participant in the event of accident, injury, or illness during the programs at CLCC. I/we agree to indemnify and hold blameless the ministry staff, the church, the pastors and the Church board from and against any loss, damage, or injury suffered by the participant(s) as a result of being part of the activities of the Church, as well as any medical treatment authorized by the supervising individuals representing the church. This consent is effective when participating in or travelling to events of CLCC.

Parent/Guardian (Print)

Parent/Guardian (Signature)

Date

Media Release:

Your children listed on this form may be videoed/photographed while participating in programs/activities. Any videos/photos taken by Charlie Lake Community Church would only be used to promote our programs/activities. By signing this registration, you are authorizing CLCC to use videos/pictures on the Church website, bulletin boards or other Church social media sites to promote CLCC. We will never reference your child by name or provide specific information on your child. The videos/pictures will only be used by CLCC to show the many ways our children and youth can have fun while participating in our programs/activities. You may withdraw this permission at any time.

Parent/Guardian (Print)

Parent/Guardian (Signature)

Date

Release Permissions:

As part of our Plan to Protect, only the parent/guardian who signs a child in to a program or activity may sign that child out. However, we understand that occasionally circumstances arise, and you need to have someone else pick up your child. Please list below any individuals over the age of 16 who are authorized to sign your child(ren) out of our programs/activities.

Children's Information:**Child #1**

Name of Child		Male/Female
Date of Birth	Age	Grade (entering in fall)
BC Care Card Number		

Does your child have any severe or life-threatening allergies? YES/NO If yes, please explain
Is your child bringing any medication with him or her? YES/No If yes, please explain
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

Child #2

Name of Child		Male/Female
Date of Birth	Age	Grade (entering in fall)
BC Care Card Number		

Does your child have any severe or life-threatening allergies? YES/NO If yes, please explain
Is your child bringing any medication with him or her? YES/No If yes, please explain
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

Child #3

Name of Child		Male/Female
Date of Birth	Age	Grade (entering in fall)
BC Care Card Number		

Does your child have any severe or life-threatening allergies? YES/NO If yes, please explain
Is your child bringing any medication with him or her? YES/No If yes, please explain
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

Child #4

Name of Child		Male/Female
Date of Birth	Age	Grade (entering in fall)
BC Care Card Number		

Does your child have any severe or life-threatening allergies? YES/NO If yes, please explain
Is your child bringing any medication with him or her? YES/No If yes, please explain
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