

Scottlea Gospel Chapel

Children's Ministry Registration and Consent Form (Ages 3-12)

Information received is confidential and is being gathered for the purposes of serving your Child while in the care of Scottlea Gospel Chapel. Any medical information collected here serves to authorize Scottlea Gospel Chapel, and its staff and volunteers, to obtain medical assistance in emergencies.

In the case of custody agreements, please include the proper form authorizing Parental/Guardian contacts.

Child's Name _____ Date of Birth _____ month/day/year _____

Address _____

Phone Number _____ Parents'/Guardian's Cell Number _____

Health Card Number _____

Family Doctor _____ Phone Number _____

Allergies _____

In case of an emergency, contact _____ **Phone** _____

Does your Child have any physical, emotional, mental, behavioural concerns or limitations that staff should be aware of? Yes No

If yes, please explain:

Is your Child bringing any medication with him/her? Yes No

If yes, please list.

Do you require transportation? Yes No

The safety of your Child is our primary concern. Precautions will be taken for their well-being and protection.

I/we, the Parents/Guardians named below, authorize the Director or one of Scottlea Gospel Chapel Leaders/Volunteer Personnel to sign a consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedures for the participant named above.

I/we, named below, undertake and agree to indemnify and hold harmless Leaders/Volunteer Personnel, Scottlea Gospel Chapel, and its Leaders from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of Scottlea Gospel Chapel, as well as of any medical treatment authorized by the supervising individuals representing Scottlea Gospel Chapel. This consent and authorization is effective only when participating in or traveling to and from events sponsored by Scottlea Gospel Chapel.

Photos

Please sign below to grant permission for the reasonable use of pictures containing your Child in any or all of the following ways:

- Brochures/Promotional material
- Website
- Videotaping
- Church
- Newsletters
- NO pictures or videos

Purposes and Extent

Scottlea Gospel Chapel 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. This information will be maintained indefinitely as it is a requirement of our insurance company and legal counsel. If you wish Scottlea Gospel Chapel to limit the information collected, or to view your Child's information, please contact us.

I have read, understood and agree with the above.

Parent Signature _____

Printed Name _____ Date _____