The best way to get in touch with me is:

Call ◯ Text ◯ FB message ◯ Send a Minion ◯

REGISTRATION FORM (2015-2016)

****Must have signatures, phone # and email or facebook****

Child's name(s):
Last _____ First name(s)of children- 1st_____2nd_____
Home Phone#(____)_____Parent's Email:_____
Address_____
City_____ Prov._____ Postal Code_____
Date(s) of Birth (mm/dd/yy) _____2_____
Grade (in Sept. 2015) 1_____ 2_____
Parents/Guardian: Fullname(s)_____
Parents/Guardian on Facebook: YES or NO-(name under) _____
Parents/Guardian cell #'s_____
Emergency Contact:
#1_____Home_____C_____
Emergency Contact:
#2_____Home_____C_____
Child's Health Care #_____Doctor_____
Please list any allergies, medications, medical conditions, or physical/mental/behavioural concerns that we need to be aware of: _____

*****Parental Waiver*:** If the Participant is under eighteen (18) years of age, in consideration of the participant being permitted to engage and take part in the AY being offered, carried on, and sanctioned by Amazing Grace Community Church &Westminster Chapel, the under-signed Parent or Guardian of the participant hereby releases and undertakes and agrees to save harmless and keep indemnified Westminster Chapel, their principles, officers, agents, officials, organizers and representatives from and against all claims, actions, costs, expenses and demands whatsoever in respect of death, injury, loss or damage to the person or property of the participant, howsoever caused, regardless of whether same may have been contributed to or occasioned by the negligence of Westminster Chapel, their principals, officers, agents, officials, organizers and representatives. The registration is for the AY at Westminster Chapel. I am aware that AY will include Bible Story times. I understand that my child may be exposed to certain risks while participating in this program, and realize that accidents and injuries can occur. I give consent to have my child examined by a medical practitioner if necessary. I hereby release the activity destinations, Church, and each of their staff and volunteers, from liability, in the unlikely event that an accident or injury does occur. I grant permission for the volunteers and staff of the AY to photograph my child, for promotional (website/facebook) and general program use only.

**Parent/Guardian: Print_____Signature_____