



**Child's First Name:** \_\_\_\_\_ **Child's Last Name:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_ **Home Phone Number:** \_\_\_\_\_

**Health Card No.:** \_\_\_\_\_ **School currently attending:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**Unit/Apt** \_\_\_\_\_ **City:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Parent's Email (for the purpose of saga announcements only):** \_\_\_\_\_

**Parent/Guardian 1's name** \_\_\_\_\_

**Phone Number(s): Cell:** \_\_\_\_\_ **Work:** \_\_\_\_\_ **Home:** \_\_\_\_\_

**Parent/Guardian 2's name** \_\_\_\_\_

**Phone Number(s): Cell:** \_\_\_\_\_ **Work:** \_\_\_\_\_ **Home:** \_\_\_\_\_

**Additional contact in case of emergency:** \_\_\_\_\_

**Phone Number(s)** \_\_\_\_\_ **Relationship to child** \_\_\_\_\_

**Please write down the name of any adults (in addition to the named written above) who has permission to sign your child out. Any names not on this list cannot sign the child out without a written note.**

\_\_\_\_\_

**If your child is currently in grade four or five then do you give permission for your child to leave without any of the above persons picking him or her up? (circle one) YES NO**

**Does your child have any medical concerns (i.e. allergies)? YES NO**

**Does your child have any behavioural or emotional concerns? YES NO**

**\*IF YOU ANSWERED YES TO ANY OF THE ABOVE THEN PLEASE EXPLAIN ON THE BACK\***

I \_\_\_\_\_ am the parent/legal guardian of \_\_\_\_\_ (child's name) who has my permission to attend and participate in SAGA activities at Chartwell Baptist Church – Clarkson Village. The parent hereby authorizes the administration of any first aid treatment that may be deemed necessary by any of the Chartwell staff. In the event of a more serious medical emergency affecting the child, the Chartwell staff shall make all reasonable efforts to contact the parent and, if necessary, the emergency contact indicated above. Where attempts to contact the parent/emergency contact are not successful or are not feasible due to the urgency of the situation, the Chartwell staff is hereby authorized to obtain the services of a duty licensed physician and to secure appropriate treatment for the child. The parent hereby confirms that the student is covered by OHIP or equivalent medical insurance. The parent and the child hereby acknowledge that there are inherent risks involved in the group activities and voluntarily elect to assume said risks as their sole responsibility. The parent and the student hereby release Chartwell Baptist Church and its pastors, leaders, servants, agents, employees and volunteers from any and all liability, claims, damages and costs for loss, personal injury, accident, misfortune or damage to the student or his/her property while participating in events sponsored by Chartwell Baptist Church. I authorize the use of any photos and taken over the duration of the SAGA program for the use at Chartwell Baptist Church non-profit promotional purposes in the future. It is understood that Chartwell Baptist Church shall take responsible precautions to provide for the health and safety of the child. I acknowledge having read and understood each of the foregoing provisions and agree to abide by the terms of this agreement, authorization and waiver. I also acknowledge that I am responsible for contacting the church office in the event of a change of any of the above information.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

