Name of participant:	
Date of Birth:	
Grade (Sept 2018)	
Name of parent(s) or guardian(s):	
Address:	
Phone number:	
Work number: (if applicable)	
Email:	
Allergies or Medical Concerns:	**PLEASE SEE PAGE 2
(Acute Medical concerns must be brought to the attention o Attendance Form for leaders to reference in an emergency)	of the leader and noted on
Purpose and Extent: Shawnigan Alliance Church is collecting and retaining this per enrolling your child in our programs, to assign the student to and nurture ongoing relationships with you and your child, ar and upcoming opportunities at our church. This information is a requirement of our insurance company and legal counsel. If to limit the information collected, or to view your child's information.	the appropriate classes, to developed to inform you of program updates will be maintained permanently as it is fyou wish Shawnigan Alliance Church
Continuing means you understand that photos taken during \the church. Photos taken by leaders will NOT be put onto soc permission of those pictured. If you do not wish to have your comments section of the registration to let us know.	ial networking sites without the
"I have read and understand the information above and here cover activities for the year (Summer 2018)."	give my signature of agreement to
Parent or Guardian Signature	

Please attach copy of court order assuring custody when applicable.

Participant's Medical Information
Allergies or Medical Concerns:
Does your child have any physical, emotional, mental, behavioural concerns or limitations that our staff should be aware of? Y N If yes, please explain
Does your child keep medication with him/her? Y
*If yes, please inform your child's leader of health issues so that any acute health concerns are known by all leaders and can be addressed in an emergency.
Please list medications:
Release and Permission "I/We, the parents or guardians named above, authorize the ministry staff of Shawnigan Alliance Church to sign 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 above, undertake and agree to indemnify and hold blameless the ministry staff, Shawnigan Alliance Church, its pastors and Board of Elders from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of Shawnigan Alliance Church, as well as of any medical treatment authorized by the supervising individuals representing the church. This consent and authorization is effective only when participating in events of Shawnigan Alliance Church."
"I have read and understand the information above and here give my signature of agreement to cover all activities during VBS, summer 2018."
Parent's Signature:
Printed Name: Date:

Shawnigan Alliance Church is committed to the safety and protection of children. Therefore; "Plan to Protect is a manual of procedures and policies adopted for the purpose of protecting children and leaders at Shawnigan Alliance Church. Its use is mandated by our National and District offices, in keeping with our District insurance and legal counsel." For information about Plan to Protect please contact: Pastor Trevor Dunham at trevor@shawniganalliance.org

This form updated April 13, 2018