

REGISTRATION/PERMISSION FORM FOR PA DAY - GRADES JK - 8

"Love, Love, Love"

Friday, February 1, 2019, 9:00 - 3:00 pm
Additional Child Care Program: 3-5 pm (pick-up by 5:15 pm)
Lower Hall, Edith Rankin Memorial United Church

Please return completed forms and registration fees to Rev Jean Stairs by Friday, Jan 25

Forms can be returned:

By Email/Scan: rev.stairs@ermuc.ca

By Hand: Drop off the form to the church and leave it in Rev. Jean Stairs's mailbox
(in hallway parallel to sanctuary on roadside)

I, _____ (parent/guardian's name) hereby consent to my child/children

[Name(s)] _____

Grade(s) _____

participating in the **Edith Rankin Memorial United Church PA-DAY EVENT – "Love, Love, Love" (JK-Gr 8)**

TIME Starting at 9 am and finishing at 3 pm
Additional Childcare Program 3-5 pm Needed: Yes No
Drop-off no earlier than 8:30 am
Pick-up from PA Day no later than 3:30pm
Pick-up from Additional Childcare Prg. no later than 5:15pm

COST PA Day Event:
\$15/child, \$25/family – pay in cash, exact change required
Additional Childcare Program:
\$5/child - pay in cash, exact change required

BRING Bag lunch (Please, NO NUTS!). [A mid-morning and mid-afternoon
allergy free snack and juice/water will be provided]

DRESS Wear something red! Dress with ability to participate in
games/activities, ie., sneakers/close-toed shoes.

CONTACT INFO Rev Jean Stairs, 613-389-2530; Cell, 613-331-4502, rev.stairs@ermuc.ca

I understand that the activity will take place on the church premises and that my child/children will be under supervision during the event. I consent to the conditions stated on this form for participation. I understand that Edith Rankin Memorial United Church, its employees and volunteers cannot be held responsible for any accidents which might occur, including those arising from indoor activities. I hereby release and agree to indemnify Edith Rankin Memorial United Church, its employees and volunteers from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this event.

PARENT OR GUARDIAN'S SIGNATURE

DATE

DAYTIME PHONE #

EMAIL: _____ (Please print clearly)



MEDICAL PERMISSION

For the administration of first aid, as required, to my child(ren), _____
I hereby grant permission to those individuals leading/supervising this event to make the necessary referrals to qualified physicians for the treatment of any illness or accidents of a more serious nature. I understand that I will be promptly notified, if possible, in the event of any illness or serious accident. In the case of a medical emergency, I understand that every effort will be made to contact me. If I cannot be reached, I hereby give permission to any attending physician to take all appropriate medical steps to treat my child for any illness or accident that may arise, if deemed necessary for my child's health and well-being.

Signature: _____ Date: _____

Health Card # _____

Name of Family Physician and Phone # _____

PLEASE LIST ALL ALLERGIES, INCLUDING DIETARY IF ANY, AND CURRENT MEDICATIONS:

Any other medical, family or learning issues that we should be aware of:

Permission for pictures to appear in group photos

Pictures of adults and children in church activities helps to attract new families to our active congregation. However, we are aware of restrictions for families or children in some situations. There is certainly no obligation to give your permission.

This registration form includes this section whereby you can give signed permission for pictures, without names, in group photos, to appear on the church webpage, Edith Rankin Memorial United Church bulletin boards, or church publications or videos. All pictures to be used will be cleared by the church's Minister of Christian Education, Outreach and Family Pastoral Care.

I _____ parent/guardian of _____

- Give Permission
- Deny Permission

for the child/children named above to have pictures appear.

Parent or Guardian's Signature

Date