

## Orillia Alliance Church

### Child Registration Form

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

**For the school year 20 \_\_/ 20 \_\_**

In the case of custody agreements, please include the proper form authorizing parental contacts.

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Parents' Work Number \_\_\_\_\_

Health Card Number \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

Allergies \_\_\_\_\_

**In case of an emergency, contact** \_\_\_\_\_

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

If yes, please explain:

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Is your child bringing any medication with him/her?  
If yes, please list.

☐ Yes    ☐ No

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All precautions will be taken for their well-being and protection. Please be assured that all reasonable means will be employed to immediately contact parents/guardians in the event of an emergency.

I/we, the parents or guardians named below, authorize one of the Orillia Alliance Church Program 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 Program Personnel, Orillia Alliance Church, 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 Orillia Alliance Church, as well as of any medical treatment authorized by the supervising individuals representing the organization. This consent and authorization is effective only when participating in or travelling to events sponsored by Orillia Alliance Church.

### Photos

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

- |                                                         |                                      |
|---------------------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Brochures/Promotional material | <input type="checkbox"/> Church      |
| <input type="checkbox"/> Website                        | <input type="checkbox"/> Newsletters |
| <input type="checkbox"/> Videotaping                    |                                      |

### Purposes and Extent

Orillia Alliance Church 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, to develop and nurture ongoing relationships with you and your child, and to inform you of program updates and upcoming opportunities at our organization. This information will be maintained indefinitely as it is a requirement of our insurance company and legal counsel. If you wish Orillia Alliance Church 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 \_\_\_\_\_