



# Symons Valley United Church 2016/2017 Program Registration

<b>DATE:</b> (day/month/year)
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Please return completed form to your Program Leader or to the Church Office

<b>Participant Information</b>							<b>Program(s)</b>			
Adult #1 Name							Adult Choir			
Adult #2 Name										
Child(ren) Name(s)	Birth Date			M/F	Age	School Attending	Grade	Children's Choir	Sunday School	Youth Group
	Day	Month	Year							
1										
2										
3										
4										

<b>Contact Information</b>	
Street Address and Postal Code	
Home & Cell Phone #(s)	
Adult E-mail Address(s)	
Youth E-mail Address(s)	

<b>Emergency Contact Information</b>	
Name and Relationship to Participants	
Home & Cell Phone # (s)	

Please explain if your child has health issues (**including allergies**) or any learning/behavioural concerns that we should know about. If more space is required, please see the Sunday School Coordinator for an additional Medical Form.

**IN ORDER FOR REGISTRATION TO BE COMPLETE, THE REVERSE NEEDS TO BE FILLED OUT AND SIGNED**

**Consent, Approval & Acknowledgment - Please initial beside the Consents, Approval & Acknowledgements in the space provided**

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Initial Here: I/We the parents (and/or Guardians) of the above named participants aged 17 years and younger, hereby give our approval and acknowledgement to his/her participation in programs offered by Symons Valley United Church between September 1, 2016 and August 31, 2017. I/We do hereby acknowledge and agree that the participation of our child, above named, is at our sole risk and liability

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Initial Here: In the event of an emergency or non-emergency requiring medical treatment, I/we the parents (and/or Guardians) of the above named participants aged 17 years and younger, hereby grant permission for any and all medical and/or dental attention to be administered to my child/children, in the event of an accidental injury or illness, until such time as I can be contacted. This permission includes, but is not limited to, the administration of first aid, the use of an ambulance, and the administration of emergency medical care and/or surgery, under the recommendation of qualified medical personnel.

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Initial Here: As part of the programs at Symons Valley United Church, electronic and/or film images may be taken of you and your child or children. These images would be used for Worship Services, group activities such as crafts and as part of our promotional materials and our web site. Symons Valley United Church will not publish personal information when using photographs. Note: Other photographs of your child may be taken as part of group activities and may be taken home by other children participating in this program. Once the images are in the possession of persons outside of Symons Valley United Church, Symons Valley is not responsible for the way the images are used. I/We have read and understand that images of myself and/or my child/ward may be taken and recorded from time to time as part of the program in which I or he or she is participating. As parent/guardian and on behalf of my child/ward I give permission to Symons Valley United Church to take images of my child and to use these images in the above ways. I understand and agree that I and on behalf of my child/ward relinquish any and all property rights, including copyright, which I or my child/ward may have in these images. I agree that my child/ward and his or her parents/guardians will not receive any compensation for the use of the images.

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(Youth Group Only)  
Initial Here: I/we, the parent(s)/legal guardian(s) of the above registered youth, understands that Symons Valley Youth Group adheres to the SADV Rules—while at Youth Group youth will not participate in any sexual activity, will not consume alcohol or drugs and will not commit any acts of violence. I hereby understand that should my child break any of the SADV Rules during any Youth Group activity, my son/daughter will be asked to leave said activity. Only after a meeting with the Youth Leader and parent, may the Youth be permitted to resume attending Youth Group activities.

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Printed Name of Adult #1 Participant/Parent/Gu

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Printed Name of Adult #2  
Participant/Parent/Guardian

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Signature of Adult #1 Participant/Parent/Guardi

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Signature of Adult #2 Participant/Parent/Guardian