



Douglas
Mennonite
Church

1517 Rothesay Street
Winnipeg, Manitoba R2G 3G5
(204)668-7432

Registration & General Consent Form

Participant's name: _____ Grade: _____

Allergies or other medical conditions: _____

Name of Parent(s) / Guardian(s): _____

Address: _____

Home phone: _____ Work/Cell phone: _____

Email address: _____

Emergency Contact Person: _____ Phone: _____

As the parent / guardian of _____, I hereby
(name of child)

give my approval for her/him to participate in the full program of the Douglas Mennonite

Church _____ program, including,
(program name)

but not limited to, activities which occur on the church property and any local off-site activities. I understand that this waiver covers the general program and that I will receive specific information about special events.

I hereby release Douglas Mennonite Church, staff and volunteers from any claims for personal injury or property loss caused by my child's participation in the program, except where such injury or loss is caused wholly or in part by the willful or negligent act or omission of the staff or volunteers.

In the event of a medical emergency involving my child, I hereby authorize the Douglas Mennonite Church staff and/or volunteers to act in my stead for the purpose of authorizing emergency medical treatment or attention.

Signature of Parent or Guardian

Date

Phone Number

I give permission for my child to be photographed and/or videotaped for promotional material (e.g. website, pamphlets, slideshows). Check box for yes.