



**Youth Ministries of  
Community Bible Church**  
1600 Main Street, P.O. Box 903  
Stittsville, Ontario, K2S 1B1  
Phone & fax: (613) 836-2606

## FAMILY REGISTRATION AND WAIVER / MEDICAL RELEASE

YEAR: \_\_\_\_\_ -- \_\_\_\_\_

### FAMILY

Last Name: _____	
Parents/Guardian: _____	Home Phone #: _____
Address: _____	E-mail: _____
Family Physician: _____	Phone #: _____
Emergency Contact (other than parent): _____	Phone #: _____

### YOUTH #1

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Grade: \_\_\_\_\_ Health Card #: \_\_\_\_\_ Date of Last Tetanus shot: \_\_\_\_\_  
(Optional)

Does your youth have any health problems, allergies, medications, behavioural concerns or limitations? \_\_\_\_\_

### YOUTH #2

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Grade: \_\_\_\_\_ Health Card #: \_\_\_\_\_ Date of Last Tetanus shot: \_\_\_\_\_  
(Optional)

Does your youth have any health problems, allergies, medications, behavioural concerns or limitations? \_\_\_\_\_

### YOUTH #3

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Grade: \_\_\_\_\_ Health Card #: \_\_\_\_\_ Date of Last Tetanus shot: \_\_\_\_\_  
(Optional)

Does your youth have any health problems, allergies, medications, behavioural concerns or limitations? \_\_\_\_\_

Precautions are taken for the safety and health of your youth but in the event of accident or sickness, *Community Bible Church*, leadership, staff, and volunteers are hereby released from any liability.

In the event that your youth requires First Aid, assistance with non-prescription or prescription medication, or the application of suntan lotion, I hereby give permission to *Community Bible Church* leaders to administer treatment as necessary.

In the event that your youth requires special medication, x-rays, or treatment, the parents/guardians will be notified immediately.

In the case of surgical emergency, I hereby give permission to the physician selected by *Community Bible Church* to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my youth as named above.

I give permission to have my youth photographed during events.

<p>I affirm that I have read and accept the above items in this release form. I also give consent for the attendance and transportation of my youth to any event or activity sponsored by Community Bible Church. Should it be necessary for my youth to return home for medical reasons, disciplinary actions or otherwise, I will assume all transportation costs.</p> <p>Parent/Guardian's Signature: _____ Date: _____</p>
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**Note: To be completed annually. Original to be filed at church office. Copy to be taken to all events and programs.**