

**HEALTH AND CONSENT FORM**

Manitoba Medical # \_\_\_\_\_

Personal Medical # \_\_\_\_\_

Physical/Special needs (please explain):

\_\_\_\_\_  
\_\_\_\_\_

Activity restrictions: \_\_\_\_\_

Medication (with instructions): \_\_\_\_\_

Allergies: \_\_\_\_\_

**Release:**

- 1) I assume all risk and responsibility for personal injury, sickness, death, damage and expense whatsoever as a result of my child attending and participating in this activity and hereby release and discharge Albright Church from any liability arising thereby;
- 2) I authorize an adult in whose care my child has been entrusted, to seek on my behalf any emergency medical treatment deemed necessary by them for whatever reason during Albright Day Camp should, in their discretion, the need arise; I agree to be fully financially responsible for any such medical treatment or emergency services and agree to reimburse Albright Church for any costs they may incur as a result;
- 3) I give permission for photographs, digital images, video and/or audio recordings to be taken of my child, which may be used on the Albright Church website, in print, and other media for the purpose of promotion, illustration, advertising or publication, without compensation. All recorded media, prints and created media from the content shall constitute the property of Albright Church.

\_\_\_\_\_  
Signature of Parent/Guardian

Date: \_\_\_\_\_



# Terrific Tuesdays

For Kids Grades 1-6  
in September 2018



## July 31, August 21

1:00 to 4:30pm.

<p><b>Albright Church</b>  3400 DeVries Avenue  East St Paul, Manitoba R2E 0C8  Ph. 204-334-5873  www.albrightchurch.com  email: kids_ministry@albrightchurch.com</p>
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Fill those lazy afternoons  
with fun & friends!  
(A variety of games &  
activities each session)

**Registration Fee:**  
**\$5.00 per child per session**  
(payable at the session).

Please return registration form to:

Albright Church  
3400 DeVries Avenue  
East St. Paul, MB R2E 0C8



**REGISTRATION FORM:**

Name \_\_\_\_\_

Registering for:

\_\_\_\_ July 31

\_\_\_\_ Aug. 21

Guy \_\_\_\_ Gal \_\_\_\_ Grade in Sept. \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work/Cell Phone: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_

(Specify relationship): \_\_\_\_\_

Phone: \_\_\_\_\_

**Please complete the Health and Consent  
Form on reverse.**