

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: _____



Wacky Wednesdays

For Kids ages 3 to 6



**July 11, July 18,
August 8, August 22**
9:30 to 11:30am.

Albright Church
3400 DeVries Avenue
East St Paul, Manitoba R2E 0C8
Ph. 204-334-5873
www.albrightchurch.com
email: kids_ministry@albrightchurch.com



Fun activities will include play time, a 'make and take' craft, story time, and snack.

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 11 ___ July 18

___ Aug. 8 ___ Aug. 22

Guy ___ Gal ___ Age: _____

Mailing Address: _____

Email: _____

Parent/Guardian: _____

Home Phone: _____

Work/Cell Phone: _____

Alternate Contact: _____

(Specify relationship): _____

Phone: _____

Please complete the Health and Consent Form on reverse.