



Children and Youth Events and Activities Registration and Information Form

Personal and health information is collected to ensure the safety and well-being of every person participating. This information will only be seen by the staff and volunteers of our children and youth team in Ucluelet and will be kept at Christ Community Church Ucluelet in a locked filing cabinet.

Personal Information

Participants Name _____
First Last

Birthday _____ Health Card # _____
Month Day Year

Caregiver's Name _____
First Last

Address _____

City Province Postal Code

E-mail _____

Home Phone _____ Alternate Phone _____

Emergency Contact / Authorized Pick Up _____

Health Information

Family Physician's Name _____
First Last

Family Physician's Phone _____

List any medication currently being used _____

Date of last Tetanus shot _____
Month Day Year

Please list any allergies or medical conditions that are important for staff and volunteers
to understand _____

Waiver and Medical Release

I understand and accept the risks of participating in the activities at Christ Community Church Ucluelet, and agree that by allowing this youth to participate in the activities, there is the potential for personal injury.

Yes

No

Precautions are taken for the safety of each participant but in the event of accident or sickness, I hereby authorize the staff and volunteers of Christ Community Church Ucluelet to make any and all decisions regarding the emergency treatment of this participant until I can be reached.

Yes

No

I hereby authorize the staff and volunteers of Christ Community Church Ucluelet to take video and still photos of this participant during their time in children and youth programs. These may be used on websites and promotion materials.

Yes

No

I have read, understood, and agree with the above statements and hereby release and discharge all parties associated with Christ Community Church Ucluelet from any and all claims, demands, actions, and causes of action, that this participant or I incurs.

Yes

No

I, _____ (caregiver) hereby give permission
for _____ (participant) to participate in
the children and youth activities of Christ Community Church Ucluelet.

Caregiver's Signature _____

Date _____
Month Day Year

Program Volunteer's Signature _____

Date _____
Month Day Year



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