

Central Presbyterian Church
Children's Ministry Activity Program Waiver and Medical Release

Description of Activity: Chicopee Summer Tubing, Ropes Course & Zip Rides
Date & Time of Activity: Saturday, September 18th, 2010 from 2pm to 4 pm (arrive 15 minutes early)
Location: Chicopee Tube Park, 1600 River Rd. East, Kitchener
Cost of Activity: \$12.00 (speak to Stacey if cost is a concern)

Full Name of Participant: _____
First Last

Birth Date (n/a for adult): _____
Day Month Year

Full Address: _____

Parent/Guardian/Caregiver Name(s): _____

Phone #s: (H) _____ (C) _____ (W) _____

Does participant have any severe allergies or other medical conditions that leaders should be aware of?
YES NO

If yes, please list and explain: _____

Following the Leading with Care document implemented by the Presbyterian Church in Canada, all reasonable precautions for the safety and health of the participant will be taken. He or she will be properly supervised in activities. I understand that the staff and volunteers of Central Presbyterian Church Children's Ministry go through a screening process whereby they are required to provide a police check, reference check and sign a Covenant of Care document.

In the event of accident, injury, sickness or death Central Presbyterian Church Children's Ministry, its staff and volunteers are released from any liability. In the event of injury requiring medical attention, I authorize treatment for the participant and understand that reasonable attempts will be made to contact me (or resident staff), should such a situation occur.

I, _____ authorize _____ to participate in the above
(Parent/guardian/caregiver) (full name of child)

stated Children's Ministry program, and hereby authorize medical attention, as needed, by staff and volunteers of Central Presbyterian Church.

Participant's Health Card #: _____

Participant's Family Physician: _____

Contact Person in case of emergency and parent/guardian/caregiver cannot be reached:

1. Name: _____ Phone: _____
2. Name: _____ Phone: _____

Parent/Guardian/Caregiver Signature Parent/Guardian Name (PRINT)