

Bonavista Baptist Church

Children's Ministries

PARTICIPANT'S PERSONAL INFORMATION: Please complete and/or note any necessary corrections.

Child's Given Name: _____

Grade: _____ Birth date: _____ Phone: _____

Address: _____ Postal Code: _____

Medical concerns

(Allergies, Chronic medical conditions that limit their activity, significant emotional, behavioural or physical concerns and/or limitations):

Parent(s)/Guardian(s)' Full Names: _____

Parents'/Guardians' Email: _____

Contact and Pick Up

1st Emergency Contact: _____ Phone #(s): _____

2nd Emergency Contact: _____ Phone #(s): _____

Who is allowed to pick up the child: _____

Authorization and Privacy

All information collected by Bonavista Baptist Church Fellowship, operating as Bonavista Baptist Church, ("BBC") will be used for the purposes of BBC Children's Ministries. We never sell, rent or exchange your personal information with other organizations. BBC is compliant with the *Personal Information Protection and Electronic Documents Act* ("PIPEDA") and any other applicable legislation. A copy of any signed documents will be stored securely on-site at BBC. Contact information will be added to BBC mailing lists to inform you of future programs within BBC, unless you notify us in writing.

As parents / guardians:

- We authorize the above named Child to participate in Children's Ministries sponsored by BBC.
- We authorize the Child to be transported to and from events by transportation services utilized by BBC (e.g., charter buses, rented vehicles or personal vehicles).
- We acknowledge that this is a child oriented program, and understand that some risk may be involved with these activities or related transportation, and will not hold BBC, its staff or volunteers responsible for any personal injury that might occur to the Child while participating in this program.
- We also authorize the Child to be medically treated as determined appropriate by BBC staff or volunteers and authorize the Child to be transported to the nearest suitable medical or hospital facility in the event of an emergency situation that is not treatable on the scene.
- We understand that individual and group photos and video will be taken of the Child during Children's Ministries activities for distribution to the children and for use at BBC unless we inform BBC in writing otherwise.

REQUESTS OR NOTIFICATIONS: _____

PARENT(S)/GUARDIAN(S)' SIGNATURE(S) _____ DATE _____

AUTHORIZATION VALID FROM **September 1, 2013 UNTIL August 31, 2014**, UNLESS OTHERWISE STATED.

For Office Use Only:

CW ____ WTO ____ Kidslist only ____ Visitor (not entered) ____ Entered By: _____ Date: _____