



# CHEYNE PRESBYTERIAN YOUTH MINISTRIES EDGE REGISTRATION FORM



SEPTEMBER 2018 – MAY 2019

**STUDENT INFORMATION** (please print):

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ UNIT #: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PHONE #: (\_\_\_\_\_) \_\_\_\_\_

BIRTHDAY (DD/MM/YYYY): \_\_\_\_\_ GRADE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

HEALTH CARD: \_\_\_\_\_ VERSION CODE: \_\_\_\_\_ EXPIRY DATE: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

SPECIAL MEDICATIONS/ INSTRUCTIONS \_\_\_\_\_

**RELEASE:**

I/We give consent for (print name of minor) \_\_\_\_\_ to attend the EDGE Youth Group sponsored by Cheyne Presbyterian Church.

In the event that he or she is injured while under the care of Cheyne Presbyterian Church and its representatives and requires the attention of a doctor(s), I/we hereby consent to and will be responsible for any medical treatment as deemed necessary by a licensed physician.

I/We further agree to hold the licensed physician, the medical facility, Cheyne Presbyterian Church and its representatives free and harmless of any claims, demands or suits for damages arising from the authorization and provision of such medical treatment.

I/We understand the nature of the event and do hereby release Cheyne Presbyterian Church and its representatives from any liability due to accident or injury incurred by my child.

I/We agree to cover all costs if our student needs to be sent home for disciplinary reasons

I/We understand that my child may be traveling in vans, cars and/or buses for some events.

I/We understand that pictures of my child may be taken during activities and used for promotional materials. I/We will check this box if we **do not** consent to this.

**In signing this form, I/We have read and understand all the above and do agree to them.**

NAME OF PARENT/GUARDIAN (please print): \_\_\_\_\_

PARENTS/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

TELEPHONE AT HOME: (\_\_\_\_\_) \_\_\_\_\_ CELL PHONE: (\_\_\_\_\_) \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMERGENCY CONTACT NAME \_\_\_\_\_ NUMBER (\_\_\_\_\_) \_\_\_\_\_

RELATIONSHIP TO MINOR: \_\_\_\_\_

Those in charge will take every possible safety precaution and every possible attempt will be made to contact parents or guardians immediately in the event of injury or other emergency!  
Cheyne Presbyterian Church • 7 King Street West, Stoney Creek, ON. L8G 1G7 • Phone: 905-664-6043