

# PORT PERRY BAPTIST CHURCH SOCCER CONSENT FORM 2018

**Please note: Children must be 3yrs old before May 1, 2018**

\*\*\*\*\***PLEASE ATTACH A PICTURE OF YOUR CHILD TO THIS FORM**\*\*\*\*\*

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Age \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth \_\_\_\_\_  
DD MM YYYY

Parents' or Guardians' Names \_\_\_\_\_

Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell phone number \_\_\_\_\_

E-mail \_\_\_\_\_

Health Card Number \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

Allergies (please list) \_\_\_\_\_

Epi Pen:  Yes  No

Does your child have any physical, emotional, mental, behavioural concerns or limitations that our ministry personnel should be aware of?  Yes  No

If yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_

Is your child bringing any medication (other than an Epi Pen) with him/her?  Yes  No

If yes, please list \_\_\_\_\_

In case of an emergency, contact \_\_\_\_\_ Phone # \_\_\_\_\_

## T-SHIRT SIZE (CIRCLE ONE)

Child Size XS S M L or Adult Size S M L

Home Church (if any) \_\_\_\_\_

How did you hear about Summer Soccer Club? \_\_\_\_\_

Would you like to know about other children's programs at Port Perry Baptist Church? Y / N

Request to play on same team as \_\_\_\_\_ (please limit to one player)

***(Continued on pg. 2)***

The safety of your child is our primary concern. Precautions will be taken for their well-being and protection. Information received is confidential and is being gathered for the purposes of serving your child while in the care of Port Perry Baptist Church. Any medical information collected here serves to authorize Port Perry Baptist Church, and its staff and volunteers, to obtain medical assistance in emergencies.

*In the case of custody agreements, please include the proper form authorizing parental contacts.*

- (1) I/we, the parents or guardians, authorize the Port Perry Baptist Church Ministry Personnel to sign a consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedures for the participant named above.
- (2) I/we, undertake and agree to indemnify and hold blameless the Ministry Personnel, Port Perry Baptist Church, its Pastors and Board of Elders from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of the Port Perry Baptist Church, as well as of any medical treatment authorized by the supervising individuals representing the church. This consent and authorization is effective only when participating in or traveling to events of the Port Perry Baptist Church.

Parent Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

**Photos**

Please sign below to grant permission for the reasonable use of pictures containing your child in any or all of the following ways:

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> Brochures/Promotional material | <input type="checkbox"/> Church      |
| <input type="checkbox"/> Website                        | <input type="checkbox"/> Newsletters |

Signature: \_\_\_\_\_

**Food**

During many of our programs food is offered to the children/youth. This can include candy, gum, chocolate, baked goods (home-made and/or store bought). *(Most often for soccer it's freezies and chips)*

If for any reason you **DO NOT** wish for your child to consume any food products while in our program, please sign below or indicate any allergy restrictions below. (Also see allergies above)

Signature: \_\_\_\_\_

Restricted foods: \_\_\_\_\_

**Purposes and Extent**

Port Perry Baptist Church is collecting and retaining this personal information for the purpose of enrolling your child in our programs, to develop and nurture ongoing relationships with you and your child, and to inform you of program updates and upcoming opportunities at our Church. This information will be maintained indefinitely as it is a requirement of our insurance company and legal counsel. If you wish Port Perry Baptist Church to limit the information collected, or to view your child's information, please contact us.

I have read, understood and agree with the above.

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_