



WAIVER & MEDICAL RELEASE FORM
BUMP N' DUMP

Activity: **Indoor Beach Volleyball**

Date: Friday September 24th - 6:00 PM – 10:00 PM

Details: Travelling from King Street Church to North Beach [74 Railside Road, North York]

Cost: \$12

Chaperones: **Pastor Josh & Coaches**

Name of student _____ Age _____

Address _____ Unit/Apartment _____

City _____ Postal Code _____

Phone _____ School _____

● Does your child have any severe allergies? (bee stings, food, penicillin, other drugs) YES NO
If yes, please explain and inform leaders:

● Does your child have any life-threatening allergies? YES NO
If yes, please explain and inform leaders:

● Is your child bringing any medication with him or her (Antibiotics, Ventilator, Ritalin)? YES NO
If yes, please explain and inform leaders:

● Does your child have any physical, emotional, mental or behavioral concerns or limitations that our staff should be aware of? YES NO
If yes, please explain and inform leaders:

Precautions are taken for the safety and health of your child, but in the event of accident or sickness, *King Street Pentecostal Church*, its staff, and its volunteers are hereby released from any liability. In the event that your child requires special medication, x-rays or treatment, the parents/guardians will be notified immediately. **(Your child must be covered by Provincial Health Insurance or equivalent medical insurance.)**

Provincial Health Insurance Number _____

Name of Family Physician _____ Physician's Phone Number _____

Parent/Guardian's Signature

Date

Return this form and \$12 to the Information Centre by Sunday September 19th to reserve a spot on for this event.