

Arabic Gospel Church
1720 Decarie, Ville Saint-Laurent, QC H4L 3N3
Registration and Release of Responsibilities
Camp de jour August 14 – 19, 2017

Amount Paid: _____

<u>Child</u>					
Name: _____	Allergies: _____				
Date of birth: _____ Day /Month/ Year					
RAMQ: _____	Expiry: _____				
Authorization to participate in the swimming pool activities:	<table border="1"><tr><td>YES</td><td><input type="checkbox"/></td></tr></table> <table border="1"><tr><td>NO</td><td><input type="checkbox"/></td></tr></table>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
YES	<input type="checkbox"/>				
NO	<input type="checkbox"/>				

<u>Parent/Guardian</u>	
Name: _____	
Address: _____	
City: _____	QC, Postal Code: _____
Tel: _____	Cel: _____
Email: _____	

I, the parent/guardian of the child named above give permission for such child to participate in the programs and services of the Arabic Gospel Church, and consent to any necessary first aid or emergency medical treatment being given or provided for the child, waive each and every claim against the Arabic Gospel Church and Saint-Paul Evangelical Lutheran Church, the sponsors of said programs, or any of its directors, representatives, organizers, volunteers, or any other participant in respect to any personal injury to such child or to any other person or any loss of or damage to property, arising in any way at, from or in connection with the programs and services of the Arabic Gospel Church and Saint-Paul Evangelical Lutheran Church. I am providing this waiver to each and every claim on behalf of such child and on behalf of my spouse and any other family members or other persons who might be entitled to assert such claims as well as on my own behalf.

Signature of parent or guardian

Date

Verified by: _____