



Canadian National Baptist Annual Convention

Year _____

Information for Child or Student

Child/Student Name _____

Date of Birth _____ (Check one) ☐ Male ☐ Female
Year Month Day

Parent's/Guardian's Name _____

Address _____

City _____ Prov. _____ Postal Code _____

Attending with what church _____

Emergency Contact and Medical Information for a Child or Student

Contact Name _____

Relationship to Child/Student _____

Cell Phone _____ Home Phone _____

Work Phone _____ Provincial Health Care Number _____

Allergies or Special Needs _____

Release/Waiver

I/We, the parents or guardians named above, in the event of our/my absence, authorize one of the Canadian National Baptist Convention (CNBC) staff or volunteer staff 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.

We, named above, undertake and agree to indemnify and hold blameless the CNBC staff or volunteer staff from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of the CNBC Children/Student Ministries of the Canadian National Baptist Convention of Cochrane, Alberta.

We also give consent to CNBC to use pictures and/or video of this student, if taken while participating in these group activities, for promotional purposes. We understand that anything inappropriate will not be used as a convention promotion.

Parent's/Guardian's Signature

Date