**Sunday School registration form for 2020/2021**

**Richmond Park MB Church**

1525-26th Street, Brandon, MB R7B 2C3 www.richmondparkchurch.ca

Parents/Guardians \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Emergency Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Children’s Names |  |  |  |  |
| Date of Birth |  |  |  |  |
| Grade |  |  |  |  |
| Family doctor |  |  |  |  |
| Allergies/other concerns |  |  |  |  |
| Medical number |  |  |  |  |

**Medical authorization** – I/we, the parents/guardians named above, authorize RPC ministry staff to sign a consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment of procedures for the participant/s above.

I/We, named above, undertake and agree to indemnify and hold blameless the ministry staff of Richmond Park Church its pastors and board from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of RPC as well as 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 Richmond Park Church.

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

\_\_\_\_\_\_\_\_\_\_\_\_Printed picture \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Website/online photos \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Video

**Activities -** I , (Parent/guardian) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_give permission for (child/children) \_\_\_\_\_\_\_\_\_\_\_\_\_ to participate in weekly programming on site at Richmond Park Church.

**Parents signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For more information, contact rpc@wcgwave.ca.