PK
May 21-24
2010

Evangel Pentecostal Church
57 Elizabeth Drive, Gander NL

REGISTRATION FORM

Parent's Names:____

Address________________________________Postal Code__________

Telephone______________E-mail________________________________

Child's Name____________________________Sex: M ___F ___

Age _______ Birth date (DD/MM/YY)___________________ MCP #_______________________

Preferred Roommates:__________________________ ______________________________

Would you like to be involved in the worship team? Yes ____ No ____

Which instrument do you play? ___________________Do you sing? Yes ___ No ___

I would like to be a counselor (post secondary age) Yes ___ No___Signature__________________

T-shirt size (Adult sizes) S__ M__ L__ XL__ 2XL__

Registration Fee of $50.00 (Includes a t-shirt) must be enclosed with your Registration Form

Please send cheque made payable to PAONL, Box 8895, Station A, St. John's NL A1B 3T2

Medical Wavier:

Does your child have any severe or life-threatening allergies? YES_____ NO _____

If yes, please explain:. ____

*** Please note: Our Saturday activities include horse and hay ides at the farm***

Is your child bringing any medication with him or her? (Antibiotics, ventilator, Ritalin) YES ___ NO ___

If yes, please explain: ____

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: ____

Check (✔) if your child currently, or within the last three months, has had any of the following:

Appendicitis ___	Ear Infection ___	Hay Fever ___	Mumps ___	Sinusitis___
Asthma ___	Epilepsy ___	Hepatitis ___	Severe Stomach Ache ___	Chicken Pox ___
Tonsillitis ___	Diabetes ___	Measles ___	Fainting ___	Other _______________

Precautions are taken for the safety and health of your child, but in the event of accident or sickness, **Your 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.

In case of surgical emergency, I hereby give permission to the physician selected by **Your Church** to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above.
Your child must be covered by Provincial Health Insurance or equivalent medical insurance.

Name of Family Physician ________________________________ Physician's Phone Number______________________

_______________________________ _______________________________

Parent/Guardian's Signature **Date**