




PPT
FUSION JR. YOUTH
2018-2019



STUDENT INFORMATION:

_____ _D_/_M_/_Y_ _M_/_F_
STUDENT NAME DATE OF BIRTH SEX

_____ _____
SCHOOL ATTENDING GRADE

_____ _____
HEALTH CARD NUMBER ALLERGIES

_____ _____ _____
STREET NUMBER & NAME CITY POSTAL CODE

_____ _____
PARENT/GUARDIAN NAME PARENT/GUARDIAN NAME

_____ _____ _____
HOME PHONE WORK PHONE CELL PHONE

_____ _____
EMAIL ADDRESS

EMERGENCY CONTACT INFORMATION:

_____ _____
EMERGENCY CONTACT SECONDARY CONTACT

_____ _____
EMERGENCY CONTACT PHONE NUMBERS

CONSENT

I _____ give consent for my child _____ to attend FUSION JR. YOUTH at Pembroke Pentecostal Tabernacle, Pembroke, Ontario, and any special FUSION JR YOUTH events which may take place off the church property. I understand that, in the event medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give permission to a licensed medical practitioner to provide the necessary care, including anesthesia, for my child's well being.

I PERMIT MY STUDENT TO BE PHOTOGRAPHED DURING FUSION JR. YOUTH EVENTS.

I WISH TO BE ADDED TO THE FUSION JR. YOUTH FACEBOOK PAGE

SIGNED _____

DATE _____

PRINT NAME: _____