




PPT
FUSION JR. YOUTH
2019-2020



STUDENT INFORMATION:

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

_____ GRADE
SCHOOL ATTENDING

_____ ALLERGIES
HEALTH CARD NUMBER

_____ CITY POSTAL CODE
STREET NUMBER & NAME

_____ PARENT/GUARDIAN NAME
PARENT/GUARDIAN NAME

_____ HOME PHONE WORK PHONE CELL PHONE

_____ EMAIL ADDRESS

EMERGENCY CONTACT INFORMATION:

_____ SECONDARY CONTACT
EMERGENCY 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: _____