



Personal Information Form

1. The subject of this form participates in the following program(s):

- Merge (Middle School)
- Zero Gravity Skateboarding
- The Bunch (Senior High)
- 923(College and Career)

2. Personal information of the subject of this form:

Name: _____

Street Address: _____

City: _____

Postal Code: _____

Telephone: _____ Cell: _____

Email: _____ MSN: _____

Name if you are on Facebook? _____

Birthday (mm/dd/yyyy): _____

School: _____

Current Grade: _____

Manitoba Health #: _____

Private Health Provider: _____ Number: _____

Health Issues we should be aware of:

Parent(s)/ Guardian(s): _____

Emergency Contact Telephone #: _____

Parent Email contact _____

Parent preferred contact and information method? _____

I understand pictures and/ or video will be taken at all UplnGo events and give permission to use these pictures on the UplnGo website, in video presentations and in printed material for UplnGo.

Parent/ Guardian: Signed _____ Date:_____

Parental Release Form for Student Involvement in Up In Go Students Ministries Programs and Activities

2010/2011 Season (September – June)

Name of Attendee:_____

As parent(s) / legal guardian(s) of the attendee mentioned above I / we give our permission for the subject of this form to attend and participate in the events and activities of the "Up In Go Student Ministries" of Westwood Community Church.

I / We understand that all reasonable safety precautions will be taken at all times by Up In Go Student Ministries, Westwood Community Church and its agents. I / We understand the possibility of unforeseen hazards and know the inherent possibility of risk. I / We agree not to hold Up In Go Student Ministries, Westwood Community Church, its leaders, employees, volunteer staff and all others associated with Up In Go Student Ministries and Westwood Community Church liable for damages, losses, diseases, or injuries (including death) incurred by the subject of this form.

WE HAVE READ THE ABOVE AND AGRE TO THE STATED ITEMS

Signed:_____ Date:_____
(parent/guardian)

Consent to Medical Treatment

I / We _____ understand that my / our child _____ may sustain injury or injuries while participating in the activities of Westwood Community Church to the extent that my / our child requires medical attention. In the event that my / our child requires such medical treatment, I / we hereby give our consent to my / our child receiving medical treatment as may be deemed necessary or advisable by any qualified medical professional(s) that may attend to the treatment of my / our child's injury or injuries, such professionals including, without limiting the generality of the foregoing, emergency medical personal, doctors, interns, nurses, nurses aid, dentists, and dental assistants. I / we also consent to such medical treatment being performed by the attending medical professionals including, without limiting the generality of the foregoing, the administration to my child of an injection, anesthesia, drugs or surgery.

Signed:_____ Date:_____
(parent/guardian)