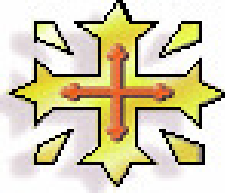




**St. Mark's Coptic Orthodox Church**



41 GLENDINNING AVE. TORONTO, ONTARIO M1W 3E2

REGISTRATION/ PERMISSION FORM FOR THE  
**13<sup>TH</sup> C.O.O.L. CONVENTION**  
FOR GRADE 7 & 8 STUDENTS

- Date / Time:** Friday, **August 19<sup>th</sup>** at 8:00 a.m. to Sunday, August 21<sup>ST</sup> at 3:30 p.m.
- Location:** Durham College (U.O.I.T.), 2000 Simcoe Street North, Oshawa, Ontario.
- Theme:** *“He who has an ear, let him Hear what the Spirit says to the churches.”*  
 – Revelation 2:7
- Price:** \$ 120 / person (Plus costs of transportation & materials for your church)
- Study Material:** **Mahragan AIKeraza 2011 Grades 7 to 11 curriculum booklet**  
**Pages 6 to 47, 63, 64 (3<sup>rd</sup> Hour prayer), 67-70**

St. Mark's Coptic Orthodox Church will be hosting the 13<sup>th</sup> Annual C.O.O.L. Convention from Friday, August 19<sup>th</sup> to Sunday, August 21<sup>st</sup>, 2011 at Durham College (U.O.I.T.), which is located at 2000 Simcoe Street North, Oshawa, Ontario. In order to register for this year's C.O.O.L. Convention, the parent or guardian of the participant must fully provide all the required information below. Forms missing emergency telephone number, O.H.I.P. number or other information will be considered incomplete. The parent or legal guardian of the participant **must** sign this permission form.

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 13<sup>TH</sup> ANNUAL C.O.O.L. CONVENTION REGISTRATION

Name of participant (first and last name): \_\_\_\_\_

Name of Church \_\_\_\_\_

Grade Completed: \_\_\_\_\_ Home Tel. #: \_\_\_\_\_ Emergency Tel.# \_\_\_\_\_

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

O.H.I.P. # \_\_\_\_\_ Medications: \_\_\_\_\_

Allergies/ Medical conditions: \_\_\_\_\_

I, (print name of parent/ guardian) \_\_\_\_\_, give permission for my above named son or daughter to participate in the excursion/convention/activities described above and hereby authorize the directors and /or the persons responsible for the excursions to act for him/ her according to their best judgment in any emergency requiring medical attention, and I agree to take responsibility for the expenses of such a procedure. I understand that neither the organizers of the excursion, convention, or activities cited above, nor the supervising counselors will in any way be liable or responsible for any loss or injury to persons or damage to or loss of property that may arise during any activity at or related to the above-cited excursion, convention or activity.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_