



**COPTIC ORTHODOX PATRIARCHATE  
THE CHURCH OF VIRGIN MARY AND ST. ATHANASIUS**

Convention Permission and Release form –

**To be filled by parents/guardians of participants UNDER 18 years old**

**Trip/ Activity:** Children Convention  
Trafalgar Campus, Oakville

**Place:** Sheridan College,

**From:** Aug. 15,2014 @ 8:00 AM

**To:** Aug. 17, 2014 @ 3:00 PM

**Participant**

**Grade Completed:** \_\_\_\_\_

Name: \_\_\_\_\_

The Church of : \_\_\_\_\_

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

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone #: \_\_\_\_\_

OHIP card # \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Special condition, medications or allergies: \_\_\_\_\_

Family Doctor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

By signing this form I, the parent/guardian of \_\_\_\_\_ (the Participant)

Give permission to my child the participant, to participate in this trip/activity of the church of virgin Mary and St. Athanasius (the church)

agree that my child, the participant, will abide by all the rules and regulations of the trip/activity and the instructions of the Trip/Activity leader(s); otherwise, he/she will be returned on my expenses

Permit the Church, the trip/activity leader(s), or whom they may designate, to act on my behalf in case of medical emergencies or accidents pertaining to my child, the participant, during the trip/activity

Authorize the medical doctor, hospital or medical center to act as they see fit to treat my child in case of emergencies or accidents; I will be responsible for the cost of the treatment or medical procedures;

and release the Church and its priests, directors and members as well as the trip/activity leader(s) from all liabilities or responsibilities that may arise from accidents or other events during the trip/activity.

Signed at the City of \_\_\_\_\_

On: \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_