



41 GLENDINNING AVE. TORONTO, ONTARIO M1W 3E2

# REGISTRATION/ PERMISSION FORM FOR THE 17<sup>TH</sup> ANNUAL C.O.O.L. CONVENTION FOR STUDENTS WHO COMPLETED GRADES 7 OR 8



DATE / TIME: FROM: FRIDAY, AUGUST 14<sup>TH</sup> AT 8:00 A.M.  
TO: SUNDAY, AUGUST 16<sup>TH</sup> AT 4:00 P.M.

LOCATION: DURHAM COLLEGE, 2000 SIMCOE ST. NORTH, OSHAWA, ON.

PRICE: \$130 PER PERSON

THEME: "...WHERE YOUR TREASURE IS, THERE YOUR HEART WILL BE ALSO."  
-MATTHEW 6:21

St. Mark's Coptic Orthodox Church will be hosting the 17th Annual C.O.O.L. Convention from Friday, **August 14<sup>th</sup> to Sunday, August 16<sup>th</sup>**, 2015 at Durham College (UOIT), 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 numbers, O.H.I.P. numbers or other information will be considered incomplete. The parent or legal guardian of the participant must sign this permission form.

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17th Annual C.O.O.L. Convention REGISTRATION

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

E-Mail (Please print clearly): \_\_\_\_\_

Name of Church \_\_\_\_\_ City: \_\_\_\_\_

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

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

O.H.I.P. # \_\_\_\_\_ Medications/Allergies/Medical Conditions: \_\_\_\_\_

**T-Shirt Size (circle one): XS, S, M, L, XL, XXL.** If you have a preference for **three friends** that you would like to be in the same room with you at the convention (if your servants approve), **please write their names on the back of this form.**

**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: \_\_\_\_\_