

## 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

**Participant Grade Completed:** The Church of : \_\_\_\_\_ Name: Address: \_\_\_ City: \_\_\_\_ Phone #: \_\_\_\_\_ Postal Code: 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 \_\_\_\_\_