

PARENT /GUARDIAN CHILD'S PHOTO PERMISSION:



I _____ give permission to Queensway Cathedral to place a photo or video image of my child _____, age _____ on their website at www.queenswaycathedral.com for promotional purposes or video production. I understand that this will allow the general public to view these images.

_____ signed

_____ date

ALLERGIES OR OTHER MEDICAL CONDITIONS:

Does your child have any allergies or physical, emotional, mental, or behavioural concerns or limitations that our staff should be aware of?

Child's Health Card #: _____

In case of an emergency contact: Name: _____ Phone #: _____

Relationship to child: _____

Precautions are taken for the safety and health of your child, but in the event of accident or sickness, Queensway Cathedral, its staff, and its volunteers are hereby released from any liability. In the event that your child requires special medication, x-rays or medical treatment, the parents/guardians will be notified immediately.

PARENT PARTNERSHIP:

We do need a number of parents to assist us with the Children's Musical. Would you lend us a hand? Please indicate below in which area you would like to minister in.

- | | |
|---|---|
| <input type="checkbox"/> Drama Director | <input type="checkbox"/> Choreography Director |
| <input type="checkbox"/> Drama Assistant | <input type="checkbox"/> Choreography Assistant |
| <input type="checkbox"/> Choir Assistant | <input type="checkbox"/> Costume Coordinator/Designer |
| <input type="checkbox"/> Choir Supervision | <input type="checkbox"/> Seamstress |
| <input type="checkbox"/> Sign-in/Registration | <input type="checkbox"/> Set Design/Carpentry |
| <input type="checkbox"/> Prayer Team | <input type="checkbox"/> Snack Coordinator |

Please submit this form to the church office or hand it directly to Joanne Snow or Pastor Mike Read. If you have any questions please call us at 416.255.0141 Ext. 236.

