

# Chown Memorial and Chinese United Church

## Alpha Course 2024 - Registration Form

First Name

Last Name

Email:

Phone Number:

Address:

Street

City

Province

Postal Code

Age:

10-16 (Gr. 5-11)  17-23 (Gr. 12 & up)  Adult

Gender:

Believe in God?

Yes  No

Baptized?

Yes  No

Please choose one of the options to register (May 3 to July 19, Friday night 7:00 pm to 9:30 pm):

English (Gr. 5-11)  English (Gr. 12 & up)  English (Adult)

Have you ever attended any activities in our church ?

Yes  No

Photos will be taken at the event (the photos may be used for promotion ):

Agree  Disagree



Food sensitivities:

**\*\* Form email to [cmcucalphacourse@gmail.com](mailto:cmcucalphacourse@gmail.com) \*\***

### YOUTH ALPHA COURSE CHURCH ACTIVITY WAIVER (For Parent)

The undersigned parent/legal guardian hereby gives permission to Chown Memorial and Chinese United Church (CMCUC) for my child (insert child's name) \_\_\_\_\_ to take part in the CMCUC Youth Alpha Program.

Should my child require immediate or emergency medical care while engaged in an activity sponsored by the Church, in my absence, I hereby grant the Church authority to release my child for medical treatment to such medical personnel as the Church determines appropriate under the circumstances.

Special Instructions or medical conditions: \_\_\_\_\_

In consideration for the privilege of allowing my child to participate in the above-named activity, I agree to release and hold harmless the Church, its officers and agents, from any liability to or responsibility for bodily injury, damage or illness to the above-identified child while participating in any youth athletic or social activity which may be directly or indirectly sponsored by the Church. Further, I agree to indemnify and hold harmless the Church, its officers and agents with respect to any claim asserted by or on behalf of my child as a result of bodily injury, illness, or damage.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Phone \_\_\_\_\_