



Registration Form

Parent/Guardian 1:

Name: _____
 Cell phone: _____
 email address: _____
 Address : Street and/or mailing _____
 City: _____ Province: _____
 Postal Code: _____

Parent/Guardian 2:

Name: _____
 Cell phone: _____
 email address: _____

Child(ren) Info:

Child name: _____ M/F__
 Date of Birth: MM / DD / YYYY _____
 Allergies/Special Needs/Medical Conditions:

Child name: _____ M/F__
 Date of Birth: MM / DD / YYYY _____
 Allergies/Special Needs/Medical Conditions:

Child name: _____ M/F__
 Date of Birth: MM / DD / YYYY _____
 Allergies/Special Needs/Medical Conditions:

Child name: _____ M/F__
 Date of Birth: MM / DD / YYYY _____
 Allergies/Special Needs/Medical Conditions:

Consent

- By registering my child into Cold Lake Community Church children’s program, I authorize that my child’s image may be photographed or filmed and be used in video, print, and web presentations.
- By giving my email address, I understand that I will be added to CLCC’s digital mailing list.
- CLCC will not give my personal information to a third party.
- CLCC is collecting and retaining this personal information for the purpose of enrolling my child(ren) in its programs.
- By registering myself or my child(ren), I undertake and agree to indemnify and hold harmless Ministry Personnel, CLCC, its Pastors and Pastor’s Council from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of CLCC.