

GEMS Registration 2018/2019

Please fill out this form and click submit.

Name Of GEM

GEM's birthdate

Home Address

Home Phone

Home Church Mnrgt _j

School

Grade entering in fall 2018

Email

Name of 1st Parent(s)/Guardian

1st Parent/Guardians Home Phone

1st Parent/Guardian's Cell Phone

Name of 2nd Parent

2nd Parent Cell Phone

Does your daughter have any allergies or health concerns that we should be aware of? Mnrgrt _j

Throughout the GEMS year we will be taking photos of the children during activities. We occasionally display these photos internally at Talbot Street Church or on our website or social media sites. Will you allow us to display photos of your daughter?

Please select all that apply.

- Yes
- No

I give permission for my child to be transported by GEMS leaders when an activity is away from the club location.

Please select all that apply.

- Yes
- No

I give permission for my child to leave the club location with GEMS leaders for special events.

Please select all that apply.

- Yes
- No

I give permission for my child's GEMS leader to contact my child via email.

Please select all that apply.

- Yes
- No
- Not Applicable

GEMS email address. Mnrgrt _j

By answering yes to these statements, I hereby release the Talbot Street Church GEMS Club from all claims and liabilities arising out of the use of these photos and videos and transportation from the club's location. I also understand that this consent will remain in effect until a written request to revoke consent is received by the club. I hereby approve of my daughter's membership in the Talbot Street Church GEMS Girls Club. I release the counsellor(s) of the club from all liability not covered by insurance on the above named GEM, in the event of an accident or injury during meetings and activities of the club. We protect and respect your privacy. Your personal contact information will be used for Talbot Street Church GEMS purposes only and will not be shared with any outside individuals or organizations. I agree to the above.

Please select all that apply.

- Yes
- No

Name

Date of Submission

Payment

\$40.00 CAD

Credit/Debit Card Number

Expiration Date/CVC

Name on Card

Card Billing Address
