

2019 MCC Programming Registration Form

SECTION 1: PERSONAL INFORMATION

Child's Name: _____ Birthday: _____

Parent/Guardian Name(s) _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Does your child have any particular needs that we should be aware of that might affect their participation or experience? If yes, please explain:

SECTION 2: MEDICAL INFORMATION

Does your child have any allergies or medical conditions that we should be aware of? If yes, please explain:

In the event of a medical emergency, and I am unable to be reached as parent/guardian, I authorize Mennonite Central Committee (MCC) staff and volunteers to permit appropriate medical treatment at a medical facility. MCC shall be held harmless in the event of an accident or injury and I understand and agree MCC disclaims any and all liability.



**Mennonite
Central
Committee**

595 Carlton St, St. Catharines, ON L2M 4Y2

905-646-3161 x 269

Relief, development and peace in the name of Christ
mcco.ca

SECTION 3: CONSENT AND RELEASE

Do you consent to your child's name, photograph, video image, and/or accomplishments being released in MCC publications, such as PowerPoint presentations, and other promotional materials?

Yes

No

Do you consent to your child's name, photograph, video image, and/or accomplishments being released on the MCC website or social media channels?

Yes

No

Release of Mennonite Central Committee:

(Parent/Guardian Names) _____
shall indemnify, hold free and harmless, assume liability for, and defend Mennonite Central Committee, its volunteers, employees, and trustees from any and all costs and expense and assertion of liability, or any claim or action founded therein, arising out of injury in any form or use of real property belonging to Mennonite Central Committee or its adults, leaders, or employees to (Child's Name) _____ during the summer programming.

Parent/Guardian Signature: _____

Parent/Guardian Printed Name: _____

Date: _____



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