

STREAM SUMMER OUTING

Flow Ministries Waiver and Medical Release Agreement

The Stream Summer Outing is organized by Stream (Flow Without Bounds Ministries). Please complete this form and submit with your cash payment of \$35.00 to your associated mentor (financial subsidies are available if necessary). Payment with registration is required by **June 24, 2017**.



When: Saturday July 29 – Sunday July 30, 2017

Where: Regina Mundi Retreat Centre
(19309 Warden Ave., Queensville, ON, L0G1R0, 905-478-4364)

Program: Overnight Summer Outing

Departure Details: Please meet at the community center parking lot in Founders Way by 10AM on Saturday, July 29

Other Information: Packing list will be provided

For inquiries, please contact Hailey Cheng at haileycheng33@gmail.com.

Parent(s)/Guardian(s) Information:

Full Name : _____

Address: _____

Postal Code: _____ Home Phone: _____ Mobile Phone: _____

Email(s): _____ Relationship to child: _____

In case of an emergency where parent/guardian is not available, contact:

Name (Last, First): _____ Phone: _____

Relationship to Child: _____

1. Children:

Child's Full Name (Last, First and Middle): _____

Date of Birth (DD/MM/YYYY): _____ Gender: M F

Provincial Health Insurance Number*: _____

Allergies/Medical Conditions (e.g. food...): _____

Medications children must bring with him/her (e.g. inhaler,...): _____

Does your child have any physical, emotional, mental or behavioural concerns or limitations that our staff should be aware of? YES _____ NO _____ If yes, explain: _____

2. Children:

Child's Full Name (Last, First and Middle): _____

Date of Birth (DD/MM/YYYY): _____ Gender: M F

Provincial Health Insurance Number*: _____

Allergies/Medical Conditions (e.g. food...): _____

Medications children must bring with him/her (e.g. inhaler,...): _____

Does your child have any physical, emotional, mental or behavioural concerns or limitations that our staff should be aware of? YES _____ NO _____ If yes, explain: _____

3. Children:

Child's Full Name (Last, First and Middle): _____

Date of Birth (DD/MM/YYYY): _____ Gender: M F

Provincial Health Insurance Number*: _____

Allergies/Medical Conditions (e.g. food...): _____

Medications children must bring with him/her (e.g. inhaler,...): _____

Does your child have any physical, emotional, mental or behavioural concerns or limitations that our staff should be aware of? YES _____ NO _____ If yes, explain: _____

*Your child must be covered by Provincial Health Insurance or equivalent medical insurance.

Statements and Waiver

My signature indicates that I:

- a) Acknowledge that the information provided in this registration form is correct to the best of my knowledge.
- b) Authorize Stream (Flow Without Bounds Ministries) to take photos and videos.
- c) Provide consent for Stream (Flow), including its staff and volunteers, to provide transportation for the participant(s) listed in this form.
- d) Acknowledge that participation in this activity is voluntary.
- e) Release Stream (Flow), including its staff and volunteers, from any liability which may result from, or is in any way connected with, participation in all activities run by Stream (Flow).

Parent/Guardian's Name (Please print): _____

Parent/Guardian's Signature: _____ **Date:** _____