

10:00 a.m. - 4 p.m. July 15-18, 2019

# Big Country God Squad

## BCGS

God said "Do it"

Summer Program for children age 6-12

Cost: \$80 per child  
(Subsidies available if needed)



Come and explore your  
super powers!  
Using your power to save  
the world!

Games, Crafts, Activities,  
Swimming, Canoes, Food.

Oyen United Church  
202 1st Ave, Oyen  
403-664-3987 office. 403-664-9266 cell  
Email: [pioneerpastoralcharge@gmail.com](mailto:pioneerpastoralcharge@gmail.com)  
Website: [bigcountryunitedchurches.ca](http://bigcountryunitedchurches.ca)





*Summer fun exploring  
what we do best and how to use it to save the world!  
for children aged 6 - 12  
Oyen United Church*

**10:00 a.m. - 4 p.m. July 15-18, 2019**

# Registration Form

*Please complete a separate form for each child.*

Child's Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Grade in September '19 \_\_\_\_\_

Child's Alberta Health Care Number \_\_\_\_\_

Parent or Guardian Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Emergency Contact Persons (different from parent):

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Does your child have any medical condition(s), such as allergies (including food, drugs, environment), AND/OR is your child receiving any medication that we should be aware of?

Yes  No  If yes, please specify with any related special instructions:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REGISTRATION FEE \$80 PAID  (Cheques payable to Oyen United Church)**  
**IMPORTANT: Please read, complete and sign the attached forms.**

**Big Country God Squad**  
**10:00 a.m. - 4 p.m. July 15-18, 2019**

## Consent Forms

Child's Name \_\_\_\_\_

***Please read, complete and sign each section.***

**A. Release**

In addition to the undersigned, my child may be released to the following other persons at the conclusion of each day:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

**B. Photographs**

I hereby consent to the use of photographs taken of my child while participating in *Big Country God Squad* for archival purposes, for promotion of the program and for keepsakes or mementos for the children and their families. I understand that program leaders do not supervise pictures taken by family or friends when visiting the program.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

**C. Off-site**

During the program, the children may go on outings away from the church, but within Oyen, with prior notice given. I consent to the program leaders escorting my child on these kinds of outings off-site.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

***continued ...***

#### D. Waiver and Release of Liability

I, parent/legal guardian of \_\_\_\_\_, wish to register them in the *Big Country God Squad* July 15-18, 2019, and grant permission for them to participate in all related activities.

I understand that my child will be taking part in indoor and outdoor recreational activities and I recognize and acknowledge any inherent risks and hazards in participation in the program.

I understand that every care and attention will be given to the health, safety and comfort of my child and I agree that the providers of this program (that is, the Oyen United Church) as well as the program leaders, volunteers and affiliates may not be held liable for any illness, distress or injury incurred by my child in their participation in this program. I further waive any and all claims that I may have in the future against the above named providers, leaders, volunteers and affiliates.

I understand that if an emergency should occur, the program leaders will make every effort to contact the parent/guardian as indicated on the registration form. Should they be unsuccessful in doing so or should the nature of the emergency allow insufficient time, I hereby authorize the program leaders to secure medical advice and services as deemed necessary, including transportation by ambulance. Further, I give permission to the attending physician to treat my child for illness or injury as is necessary under these circumstances. In respect of this event, I agree to accept any and all financial responsibility in excess of the benefits allowed by Provincial Health Care

I agree to hold harmless and indemnify the program providers, leaders, volunteers and affiliates named above from any and all liability for any damages to property of, or personal injury to, any third party, resulting from my child's participation in the program.

I allow the information collected in the registration form to be used for the purposes of this program only and that it may be shared with other program participants solely for the purposes of program coordination. I allow that it may also be disclosed to Emergency Services personnel in the case of an emergency.

I have read the above and fully understand its contents.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

**Completed registration forms may be returned to  
Oyen United Church,  
Attention BCGS**

**Registration Deadline: July 10. 2019**

**Questions? Email [pioneerpastoralcharge@gmail.com](mailto:pioneerpastoralcharge@gmail.com) or call 403-664-9266**