Community of Christ

Canada East Mission RETREAT ENROLMENT FORM FOR ADULTS

We are delighted that you have chosen to attend this event. Before completing the enrolment form, please read the privacy policy which summarizes our commitment to protect your personal information.

PRIVACY POLICY

- We respect your privacy. We protect your personal information and adhere to all legislation requirements with respect to protecting privacy. We do not rent, sell or trade our mailing lists. The information you provide will be used to deliver services and to keep you informed and up to date on activities that we sponsor, including programs, services, special events, funding needs, opportunities to volunteer or to give, and more through periodic contacts.
- If at any time you wish to be removed from any of these contacts you can do so by phoning 888-411-7537, or via e-mail jim@communityofchrist.ca and we will gladly accommodate your request.
- I have read the Privacy Policy of the Community of Christ and understand that the information I provide will not be shared with any outside party as outlined above.

Date _____

ENROLMENT FORM			
Event Attending:		Location:	
Name:			
	Phone		Email
Address:			
Street address	City	Province/State	Postal/Zip Code
	RELEASE AND WAI	VER OF LIABILITY	
IN CONSIDERATION of Community of C	Christ accepting my enro	lment I agree to this Release	and Waiver of Liability.
 I understand that attendance at retreats more obvious and frequent are: hazard connection with camp sports activities the use of camp buildings and facilities. I am not relying on any oral or written representations are contained in broche camp programme for which I have appropriate to present a line of the rest is acted agents or representatives. I confirm that I have read over this agraccord and that it will be binding not of that Province. 	Is in connection with mo; hazards in connection vis. statements made by Coures or media form or in plied on any basis other to rs and the possibility of cepted for any cause wherement before signing, to only on me, but also on ref Ontario govern this confidence in the contraction of the contracti	wement about camp and over with travel to and from camp mmunity of Christ or by any individual conversations, to than my assumption of the ri- death, personal injury, proper atsoever on the part of Com- that I understand it, that I am my heirs, my next of kin, and	er uneven terrain; hazards in p; and hazards in connection with exone representing it, whether such a lead me to become involved in the isks and dangers involved. Berty damage and loss resulting from munity of Christ or its employees, an signing it of my own will and d my estate trustees.
Signature	Date _		<u></u>

PHOTO RELEASEIn consideration of the right of the aforementioned applicant to participate in this activity, I hereby give consent to and authorize the taking of photographs or videotapes in which I may appear. I hereby waive all right of privacy in and to any said pictures,

videotapes or web page.

Signature____

Signature	Date
Signatur C_	 Daic

MEDICAL INFORMATION

Medical Information for:	(camper's full name)
	ational purposes only and all answers will be held in strict confidence. This your health, safety and, if required, effective medical treatment.
Allergy to foods, medications (if none, so	o state)
Are you currently under a physician's car If yes, please explain	re for any acute or chronic medical condition? Yes No
Do you carry <i>non-prescription</i> medication Medication(s) and purpose	on on their person? (if none, so state)
Do you require <i>prescription</i> medication? Medication(s) and purpose	(if none, so state)
Physician	Phone ()
Health Card Number	
Permission for Medical Treatment	
	necessary medical treatment for myself. I also guarantee payment of all charge physician, hospital, x-ray, lab, medicines, ambulance, other)
Signature	Date