

Crestwell Study Centre
3637 Angus Drive, Vancouver BC | 604.222.8317 | www.crestwellstudycentre.com



**If you are under 18 years of age, your parent / guardian must sign this form*

Activity: _____

Name: _____ **Date of Birth:** _____

School: _____ **Grade/Year:** _____

Email: _____

Cellphone: _____ **Home Phone:** _____

Address: _____

**Please note that activity leaders will only communicate with minors verbally, in hand-writing, or electronically for matters pertaining to their role in the activity.*

Emergency Contact: _____

Relationship: MOTHER FATHER GUARDIAN OTHER

Cellphone: _____ **Email:** _____

Dietary requests/ medical or special needs:

Are you able to help with car-pooling? YES NO

Medical/Photo Release: *(please check boxes)*

I grant permission to the organizer/s of Crestwell activities to authorize any medical/surgical treatment that may be deemed necessary for me / my daughter in the event of an accident or illness. I further authorize any hospital and/or medical practitioners designated by the organizer of Crestwell activities to give such treatment.

I give my permission for me / my daughter to be included in photos and videos taken during club activities to be used for promotion of Crestwell activities:

Signature: _____

Parent/guardian's signature (if under 18): _____

Date: _____

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