



Truro GEMS Club

Name:	School Grade:
Age:	Birth Date:
Mailing Address:	
Postal Code:	
Name of Parents or Guardians:	
Phone # (home):	Parent Cell #(s):
Parent's email: (only include your email if you check it regularly)	
Church Affiliation (if any):	
Special Concerns / Allergies:	

GEMS Girls Club
Consent / Liability Release Form

I give my daughter, _____(child's name), permission to participate in the GEMS events that we will be holding during our 13/14 GEMS season, both at John Calvin Christian Reformed Church and other locations that will be clearly communicated to you in advance.

I, _____(Parent or Guardian name)

1. Hereby give consent for my child's photograph to be used by the Truro GEMS Club for the purpose of promoting the club with their web site, brochures, or slideshows.

2. Hereby give consent for any, and all medical attention to be given to my child in the event of an emergency, under the direction of a Counselor of the GEMS Girls Club, until such a time as I can be contacted.

3. Hereby acknowledge and agree that neither the GEMS Girls Club, the John Calvin Christian Reformed Church, nor any of the Counselors or volunteer staff shall be held liable for any costs, accident, injury or other damage which my daughter, or her property, may sustain during the time when she is at or traveling to a GEMS event.

Date _____ Signature _____

Emergency Information

Child's Full Name: _____

Emergency Contact: (if parent not available)

Name _____

Phone# _____

Relationship: _____

Child's Date of Birth _____ Medicare # _____

Known Allergies: _____

Family Doctor: _____ Phone# _____