



willoughby
church

Cadets

Registration Form

Boy's Name: _____

Boy's Birth Date: _____ Grade Level _____

Parent(s)/Guardian(s) _____

Mailing Address: _____

Email Address: _____ Phone: _____

BC Care Card Number: _____

Allergies or Medical Concerns:

Emergency Contact (other than parents/guardians):

Name _____ Phone : _____

I authorize those responsible for Cadets to secure medical advice and service as deemed necessary for the health and safety of my child. I agree to accept financial responsibility for all related expenses including those in excess of benefits allowed by Provincial Health Coverage.

Signature: _____ Date: _____

Personal Information Protection

Willoughby Church respects your privacy. We protect your personal information and ad-

here to all legislative requirements with respect to protection privacy. To that end, please complete the following:

I consent to the use and disclosure of the information contained in this form on behalf of Willoughby Church to register my son in the Cadet program and to assist the church to respond immediately to an emergency.

Yes _____ No _____

I consent to the use and disclosure of the information contained in this form to keep me informed about activities at Willoughby Church. Yes _____
No _____

I consent to having photographs and work samples of my son used by Willoughby Church in presentations and other promotional material.

Yes _____ No _____

Signature: _____ Date: _____