



# Participant Info Form



## PARTICIPANT

Student

Group Leader

Support Leader

Full Name:

Gender:

Address:

Email:

Phone:

T-Shirt Size:

## CHURCH

Church Name:

Church City/Town:

Church Province/State:

Group Leader:

## HEALTH

Allergies:

Dietary Restrictions:

Medications:

OHIP Number:

Health Insurance Carrier:

Policy Number:

## EMERGENCY

Emergency Contact Name:

Relationship to Participant:

Phone Number:

Email:

*Parental consent is required for all minors. Adult participants need only sign and date below. I, the undersigned (parent or guardian), grant permission for my child to attend and participate in Remix. I consent to emergency medical treatment in the unlikely event of an accident or illness during my child's involvement at Remix. I hereby release the Remix event staff, its associates, Doxa (Toronto YFC) and its associates/ volunteers, and the hosting facility and its employees from any and all liability that may result from the participant's involvement in Remix. I, and/ or my insurance company, assume full responsibility for the payment of any medical bills. We, the parent/ guardian and the participant, also give Remix event staff the right to use the participant's image in future promotional material. I, the undersigned participant, agree to follow all the guidelines outlined Remix Toronto.*

Participant Signature: \_\_\_\_\_

Date:

Parent/Guardian Signature: \_\_\_\_\_

Date: