Crestwell Study Centre

3637 Angus Drive, Vancouver BC | 604.222.8317 | [www.crestwellstudycentre.com](http://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**:** MOTHERFATHERGUARDIANOTHER

**Cellphone:** **Email:**

**Dietary requests/ medical or special needs:**

**Are you able to help with car-pooling?** YESNO

**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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