

  
**COPTIC ORTHODOX PATRIARCHATE**  
**ONTARIO COPTIC YOUTH CONVENTION**  
 Convention Permission and Release Form



**Dates:** *August 6 – 8*

**Location:** *UNI – Georgian College*  
*HSB – Blue Mountain Resort*  
*HSG – Cranberry Resort*

**Price:** *Before July 4<sup>th</sup> \$150*  
*Before July 18<sup>th</sup> \$170*

**PARTICIPANT**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Date of Birth (DD/MM/YY) \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade/Year Completed \_\_\_\_\_ Gender (M/F)\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Home Tel. No. (\_\_\_\_\_) \_\_\_\_\_ Mobile No. (\_\_\_\_\_) \_\_\_\_\_  
 Health card No. \_\_\_\_\_  
 Any medical conditions or allergies? \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

a) Family Doctor Name \_\_\_\_\_ Phone No. (\_\_\_\_\_) \_\_\_\_\_  
 b) Parent/Guardian Name \_\_\_\_\_  
    Home No. (\_\_\_\_\_) \_\_\_\_\_ Work/Mobile No.(\_\_\_\_\_) \_\_\_\_\_  
 c) Emergency Contact Name \_\_\_\_\_ Relation to you \_\_\_\_\_  
    Home Tel. No. (\_\_\_\_\_) \_\_\_\_\_ Work/Mobile No.(\_\_\_\_\_) \_\_\_\_\_

**SPORTS**

Please Circle One of the Sports:      1- Soccer      2-Basketball      3-Volleyball

**CHURCH INFORMATION**

Church Name: \_\_\_\_\_ Father of Confession: \_\_\_\_\_  
 City Church is Located: \_\_\_\_\_ F.O.C. Signature: \_\_\_\_\_

*To be completed by the parent or legal guardian of any and every participant under the age of 18 years, or by the participant if he/she is 18 years of age or older.*

By signing this form, I, the Parent / Guardian of \_\_\_\_\_ (the participant):

1. Give permission to my child (the participant), to participate in this Trip / Activity of this Coptic Orthodox Church,
2. Agree that my child will abide by all the rules and regulations of the Trip / Activity and the instructions of the Trip / Activity leader(s); otherwise, he/she will be returned at my expense,
3. Permit the Church, the Trip / Activity leader(s), or whom they may designate, to act on my behalf in case of medical emergencies or accidents pertaining to my child during the Trip / Activity,
4. Authorize the medical doctor, hospital or medical center to act as they see fit to treat my child in case of emergencies or accidents; I will be responsible for the cost of treatment or the medical procedures, AND
5. Release the Church, and its priests, directors and members as well as the Trip / Activity leader(s) from all liabilities and responsibilities that may arise from accidents or other events during the Trip / Activity.

\_\_\_\_\_  
 Signature of parent / guardian (if Participant is under 18 years old) Date