**SPARK 2017** REGISTRATION FORM

October 13-14, 2017 www.sparklive.ca

Section 1 - Group Leader Information

Name: Becca Mabbett

Email: becca@mcachurch.ca

Church/Group Name: Mission Creek Alliance Church

You give permission for this group leader to access your registration information and make decisions on your behalf regarding registration for the conference.

Section 2 – Student Information

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Province: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (home): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: Age: \_\_\_\_\_\_\_\_\_\_\_ School Grade: \_\_\_\_\_\_\_\_\_\_\_

* Male
* Female

Medical concerns + conditions / Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact during the conference:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Section 3 – Parent/Guardian Consent

**Involvement Consent** – I, being the parent/guardian of the said child, hereby give my consent that my son/daughter may participate in any SPARK activities they choose over the course of the conference, whether it is games, jumping castles, basketball, etc. **Supervision Policy** – SPARK will provide adult supervision while your child is in our program and all diligence will be made to ensure they are in a child-safe and child-friendly environment. **Medical Treatment Consent** – In the case of an emergency, I hereby give permission to the First Aid Staff to ensure proper treatment for my child. I understand that every effort will be made to contact me before instituting such procedures. I agree to pay all such doctor, ambulance and hospital fees incurred on behalf of my child. I have attached a list of any health information about my child that the First Aid Staff need to know. **Permission to be Photographed or Filmed** – I give permission for my child to be photographed or videotaped. I understand that the image may be displayed in church publications, church buildings or website. I understand that as a precaution my child’s name will not be published or linked with photographs. I further indemnify SPARK Conference, their staff, and leaders from any accident, loss of belongings, injury or death that may arise. **Liability Waiver** – I, being the parent/guardian of the said child, understand that whilst every precaution will be taken to ensure the good welfare and protection of my child; SPARK Conference, its staff, and volunteers are hereby released from any and all liability in the event of an accident or misfortune, damage or loss that may occur to the child and/or their property, unless it is due to our negligence.

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

Section 4 – Payment Submission

Cost of Event: Earlybird (until Sept 26) - $90 ($49 Registration + gas, food, accommodations)

 Regular - $110 ($69 Registration + gas, food, accommodations)

Payment Method: CASH CHEQUE (made out to Mission Creek Alliance Church)

VISA MASTERCARD AMEX

Credit Card Number: Expiry Date:

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Cardholder’s Signature: Amount:

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