REGISTRATION FOR ASSISTANCE
DUTIES 2024-2025

Child's name:_____ Name of parents:
_____ Address:
_____ Telephone:
_____ Date of birth:
_____ Allergies? _____

School: _____Year: 1e 2e 3e 4e 5e 6e

Authorization for photos

La Maison Coup de Pouce takes photos or videos during the various activities. That you areadult, parent, child or volunteer, We need your permission to broadcast or publish these images, including our activity reports, our website, Facebook, press reviews, television, social media, etc.

Allow photos or videos to be shared with BGC Canada for publication purposes.
_____

I hereby read the information above and I authorize that my child or myself be taken in photos or filmed during the various activities of Maison Coup de Pouce and that these images be published or broadcast publicly.

Yes **No**

Signature: _____Date: _____