

Youth Ministry Registration Form

For the 2020-2021 school year

Information received is confidential and is being gathered for the purposes of serving your child while in the care of Grand River Community Church. Any medical information collected here serves to authorize Grand River Community Church, and its staff and volunteers, to obtain medical assistance in emergencies. **Please fill out both sides.**

For the School Year 20__/20__

In the case of custody agreements, please include the proper form authorizing parental contacts.

Contact Information

Child's Name: _____

Date of Birth: _____ Grade: _____

Address: _____

Parent(s)/Guardian(s): _____

Primary Phone: _____ This number is a: Cellphone or Home phone
(Please Circle One)

Parent/Guardian's Email Address: _____
(Email addresses will be used to send out youth group updates and event information/registration forms)

Parent/Guardian Work # : _____

In Case of Emergency (and parents cannot be reached), contact:

Name: _____ Phone Number: _____

Health Information

Family Doctor: _____ Phone Number: _____

Health Card Number (optional): _____

Allergies: _____

Does your child have any physical, emotional, mental, or behavioural concerns and/or limitations that staff should be aware of? Yes No

Is your Child bringing any medication with him/her? Yes No

If yes, please list: _____

Media

I, _____, give Grand River Community Church permission to use photos/videos of my child in the following ways (please tick each applicable):

- Brochures/Posters
- Posting pictures from youth group to social media/website for parent/student retrieval (Facebook, Twitter, or Instagram)
- Promotional Videos (marketing)
- End-of-the-Year recap video (to be sent home with each student)

Signature: _____

(If not signed, your child's photo/video will not be used)

I/we, the parents or guardians named below, authorise one of the Grand River Community Church Ministry Personnel to sign a consent for medical treatment and to authorise any physician or hospital to provide medical assessment, treatment or procedures for the participant named above.

I/we, named below, undertake and agree to indemnify and hold harmless Ministry Personnel, Grand River Community Church, its Pastors and Board of Elders from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of the Grand River Community Church, as well as of any medical treatment authorized by the supervising individuals representing the Church. This consent and authorization is effective only when participating in or traveling to events sponsored by the Grand River Community Church.

I/we, named below, acknowledge that our child has the right to refuse an activity on the basis of comfort and in some circumstances we may be required to pick our child up from an event if our child indicates that they are under stress.

I have read, understood, and agree with the above:

Signature: _____ Printed Name: _____

Date: _____

Purposes and Extent

Grand River Community Church is collecting and retaining this personal information for the purpose of enrolling your child in our programs, to assign the student to the appropriate classes, to develop and nurture ongoing relationships with you and your child, and to inform you of program updates and upcoming opportunities at our Church. This information will be maintained indefinitely as it is a requirement of our insurance company and legal counsel. If you wish Grand River Community Church to limit the information collected, or to view your child's information, please contact us.

I have read, understood, and agree with the above:

Signature: _____ Printed Name: _____

Date: _____