

Youth Group Registration and Contact Information Sheet

YOUTH GROUP INFORMATION FORM:

Youth Name: _____

Nickname preferred: _____

Address: _____

City: _____ Postal Code: _____

School: _____ Grade: _____

YOUTH BIRTHDATE: _____

Age on September 1, 2020 _____

Many times we confirm dates and information through email. Providing an email gives consent to be added to a mailing list only used for youth information correspondence.

Email Address: _____

In the event of an emergency, please provide contact information:

Home phone: _____

Parent cell number: _____

Which parent is this for? _____

Please list any allergies or health problems:

Please feel free to share any other information you deem pertinent:

Authorization/Consent Section: I _____ authorize the Deloraine/Waskada Youth Group to use photographs, videos and audio/recordings of my child, _____ taken during Youth Ministry activities. This includes use on Deloraine/Waskada Youth's social media accounts of well as on the youth board in Fellowship Community Church.

Signature: _____

Date: _____

Deloraine/Waskada Youth Travel/Medical Release Form

TRANSPORTATION RELEASE

I give permission for my youth to be transported to and from church sponsored activities in a church, rental, or private vehicle.

MEDICAL RELEASE

I understand that illness and injuries sometimes occur through the participation in youth group activities. In the event that an emergency or other medical treatment is necessary I consent to and authorize that my child be transported to the nearest suitable medical hospital facility. I hereby consent to and authorize emergency or other medical treatment as may be deemed advisable in the event of accident, injury, or illness during a youth event.

COVID-19 RELEASE

I understand that the Covid-19 virus is an ongoing threat, and that there is a risk of my child being exposed to the virus while participating in youth group activities, despite the precautions being taken by the youth group in following local health authority guidelines to try to limit exposure to Covid-19. I hereby release and hold blameless, Deloraine/Waskada Youth Group and its staff and volunteers, in the event that my child contracts Covid-19 while engaging in youth group activities.

GENERAL RELEASE

The undersigned or a member of the immediate family of the undersigned realizes that the participant may incur personal injury or bodily damage while participating in such activities, and acknowledge that the church, it's officers, directors, employees, agents, or any other parties volunteering on behalf of the church, shall be held harmless from all actions, claims, costs, expenses or damages of any kind, growing out of or related to any activities of the church. The undersigned or a member of the immediate family of the undersigned further acknowledge this is a full and complete release for all injuries and damages which the participant may sustain as a result of participating in any activity.

I, _____, being the legal guardian of _____
give my permission for him/her to participate in youth group activities.

Parent / Guardian's Signature: _____

Date: _____