## Appendix G: PARTICIPATION & RELEASE FORM

***Registration form for Church Group Activities*** *(e.g., Gems, Cadets, Youth)* 

We (I) give permission for our (my) child(ren), _____

to participate in insert name of church youth ministry events during the months of **Insert start Month/Year** to **Insert end Month/Year**

.In addition, we (I) hereby agree to hold harmless the church or any person in its organization for the result of any negligent, willful, or intentional acts by our (my) child(ren) which requires repair and/or reimbursement of expenses. Further, authorization and permission are given to insert name of church to furnish the above participant with any necessary food, lodging, and transportation to, from, and during any event which may or may not include student-driven vehicles.

While our (my) child is attending an event, we (I) understand and accept that insert name of church will provide supervision. Further, we (I), the parent(s)/guardian(s) of said participant(s), hereby grant permission to the pastor, youth leader, or an adult volunteer acting on the child's behalf to authorize medical treatment, including but not limited to emergency surgery or medical treatment. In the event of sickness or injury to our (my) child(ren), we (I) assume responsibility for all medical bills, if any occur.

Further, if it is necessary for our (my) child(ren) to return home due to medical reasons or disciplinary action, we (I) assume all transportation costs.

**Parent/Guardian Name:** _____

**Address:** _____ _____
Street No. & Name Town/City/Province

Signature _____

Date Completed (MM/DD/YYYY) Click or tap to enter a date.

Email: _____ Phone: _____

**Ontario Health Insurance Number** _____

**Physician:** _____

Phone Number: _____

**Emergency Contact Name** _____

Phone Number _____

Relationship to Youth _____

## Appendix G: PARTICIPATION & RELEASE FORM



## ALTERNATIVE CONTACTS:

Please list below any other person(s) who may be called upon to drop off/pick up your child(ren).

**Contact Name:** _____

Phone Number: _____

Relationship to Youth: _____

**Contact Name:** _____

Phone Number: _____

Relationship to Youth: _____

## MEDICAL CONDITIONS/ALLERGIES

Does your child/youth have any (life-threatening) medical conditions/allergies that we should be made aware of?

☐ Yes ☐ No

If yes, please provide condition/allergy with treatment information (if applicable).

| CONDITION/ALLERGY | TREATMENT |
|---|---|
| | |
| | |
| | |
| | |

## PHOTO & MEDIA RELEASE FORM

I grant permission to insert name of church to use photos, videos, or other media of my children in the following ways: insert name of church website, Facebook page, PowerPoint presentations, and bulletin boards.

**Parent/Guardian Name:** _____

Signature: _____

Date Completed: Click or tap to enter a date.