

Appendix G: PARTICIPATION & RELEASE FORM

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

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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.

