YOUTH MINISTRY REGISTRATION 2017-18

PLEASE PRINT (except for signatures)

Student's Name: _____ _____ ☐ Male ☐ Female
First Last

Date of Birth: ____ ____ _____ School: _____Grade: ____ (as of Sept. 2017)
Day Month Year

Student's email: _____ **Student's Cell:** _____

Parent #1/Guardian

Name: _____
First Name Last Name

Address: _____

City/Prov/PC: _____

Home Phone: _____

Work: _____

Cell: _____

Email: _____

Parent #2/Guardian

Name: _____
First Name Last Name

Address: _____

City/Prov/PC: _____

Home Phone: _____

Work: _____

Cell: _____

Email: _____

Health Card #: _____

Does your family attend Bramalea Baptist Church? ☐Yes ☐No If no, which church _____

Does your son/daughter have any allergies/medical conditions or physical, emotional, mental, behavioural concerns or limitations that our volunteers should be aware of? ☐ Yes ☐ No If yes, please provide details:

_____

_____

Are there any restraining orders or custody situations we should be aware of? ☐ Yes ☐ No If yes, please provide details:

_____

_____

Emergency Contact Person: _____Relationship to Student: _____

Phone Number: _____

In the event I cannot be reached in an emergency, I/We the parents or guardians named above hereby give permission to the medical personnel selected by the Bramalea Baptist Ministry staff to secure emergency medical treatment including but not limited to, first aid, CPR, admission to any hospital, tests, surgery or general anaesthesia.

I/We, named above, undertake and agree to indemnify and hold blameless the ministry staff, Bramalea Baptist Church, its Pastors and Board of Directors from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of Bramalea Baptist Church. This consent and authorization is effective only when participating in or travelling to/from events of Bramalea Baptist Church.

Student Ministry Activities Effective from date signed through August 31, 2018

Photos

Please **check off** the appropriate boxes to grant permission for the reasonable use of pictures containing your son/daughter in any or all of the following ways (no names will be printed without additional parental consent):

☐ Promotional Material ☐ Church ☐ Website ☐ Newsletters ☐ No photos

I have read, understood and agree with the registration form and will sign below to cover all activities that my son/daughter attend (including both on-site and off-site events), sleepovers and photos taken.

Parent Signature: _____ Date: _____

Purpose and Extent

Bramalea Baptist Church is collecting and retaining this personal information for the purpose of enrolling your youth in our programs, to assign the student to the appropriate classes, to develop and nurture ongoing relationships with you and your youth, 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 Bramalea Baptist Church to limit the information collected, or to view your youth's information, please contact us.

Office: CW ☐