

Youth Ministries Registration Form – For IGNITE

Information received is confidential and is being gathered for the purposes of serving your child while in the care of ministries for which Alliston Alliance Church is responsible.

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

Child's Name _____ Date of Birth _____

Address _____

Parent's Email Address: _____

Phone Number _____ Parents' Mobile Number _____

Permission to Text to this Mobile Number: Yes No

Health Card Number _____

Family Doctor _____ Phone Number _____

Allergies _____

In case of an emergency, contact _____

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

If yes, please explain:

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

If yes, please list.

Releasing Children ages 8 to 18: Children between the ages of 8 to 18 will be allowed to be released on their own at the end of the ministry event.

The safety of your child is our primary concern. Precautions will be taken for their well-being and protection. Student to Ministry Personnel ratios will be adhered to according to Alliston Alliance Church Plan to Protect policies.

I/we, the parent(s) or guardian(s) named below, authorize the Alliston Alliance Church Ministry Personnel to sign a consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedures for the participant named in this form.

I/we, named below, undertake and agree to indemnify and hold harmless Ministry Personnel, Alliston Alliance 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 Alliston Alliance 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 in relation to events or activities for which Alliston Alliance Church is responsible.

I/we, understand that youth events may involve higher levels of risk and risk of personal injury, such as, sporting/recreational activities and transportation to various events or activities.

Photos

Unless I have specified NO, I grant permission for the reasonable use of pictures containing my child in any or all of the following ways: NO

Brochures/Promotional material

Church

Website

Newsletters

Purposes and Extent

Alliston Alliance 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. Information may be provided to you via any of the means of communication you have provided in this form. The information in this form will be maintained indefinitely as it is a requirement of our insurance company and legal counsel. If you wish Alliston Alliance Church to limit the information collected, or to view your child's information, please contact us or specify below.

I have read, understood and agree with the above.

For the school year 20__/20__ Parent Signature _____

Printed Name _____ Date _____