



Youth Registration Form

Information received is confidential and is being gathered for the purposes of serving your child while in the care of EastRidge Evangelical Missionary Church. Any medical information collected here serves to authorize EastRidge Evangelical Missionary Church, and its staff and volunteers, to obtain medical assistance in emergencies.

For the school year 20 __ / 20 __

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

Student's Last Name _____ First Name _____

Date of Birth(d/m/y) _____ Grade as of Sept. 201__ _____

Address _____

Phone Number _____

Parent/Guardian's Last Name _____ First Name _____

Phone Number (H) _____ (W) _____ (C) _____

Family Doctor _____ Phone Number _____

Allergies _____

In case of an emergency, contact:

Last Name _____ First Name _____ Relationship _____ Phone

Number (H) _____ (W) _____ (C) _____

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.

The safety of your child is our primary concern. Precautions will be taken for their well-being and protection.

I/we, the parents or guardians named below, authorize Pastor _____ or one of the EastRidge Evangelical Missionary Church Youth 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 above.

I/we, named below, undertake and agree to indemnify and hold harmless Ministry Personnel, EastRidge Evangelical Missionary Church, its Pastors and Elders (EPT) from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of the EastRidge Evangelical Missionary 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 to and from events sponsored by the EastRidge Evangelical Missionary Church.

Communication

A policy is in effect that communication is to be used solely for the dissemination of information. Please sign below to grant permission for Youth Ministry Personnel (staff and volunteers) to communicate with your Child via telephone, email, social media and text:

- | | |
|---|--|
| <input type="checkbox"/> Telephone (home / work / cell) | <input type="checkbox"/> Social Media Networks |
| <input type="checkbox"/> Email | <input type="checkbox"/> Text messages |

Photos

Please sign below to grant permission for the reasonable use of pictures containing your child in any or all of the following ways:

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Brochures/Promotional material | <input type="checkbox"/> Church |
| <input type="checkbox"/> Website | <input type="checkbox"/> Newsletters |
| <input type="checkbox"/> Videotaping | |

Purposes and Extent

EastRidge Evangelical Missionary 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. This information will be maintained indefinitely as it is a requirement of our insurance company and legal counsel. If you wish EastRidge Evangelical Missionary Church to limit the information collected, or to view your child's information, please contact us.

Parent / Guardian Options

1. I have read, understood and agree with above and sign it to cover all Student Ministry activities for the program year effective as stated below.

Parent/Guardian Signature _____

Last Name _____ First Name _____ Date(d/m/y) _____