

Prince Albert Alliance Church
Youth Ministry Registration and Consent Form
2020-2021

Information received is confidential and is being gathered for the purposes of serving your child while in the care of Prince Albert Alliance Church. Any medical information collected here serves to authorize Prince Albert Alliance Church, and its staff and volunteers, to obtain medical assistance in emergencies. The form should be completed annually by the parent/caregiver.

General Information

Student's Name _____

Grade: _____ Date of Birth: _____ School: _____

Address: _____ Postal Code: _____

Parents' Names: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact: _____ Phone: _____

Medical Information

Saskatchewan Health Card Number: _____

Family Doctor: _____ Phone Number: _____

Allergies: _____

Does your child have any physical, emotional, mental, or 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 Daphne Masih (Youth Pastor) or one of the Prince Albert Alliance 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 program personnel, Prince Albert Alliance Church, and its leaders from and against any loss, damage, or injury suffered by the participant resulting from participation in the activities of Prince Albert Alliance Church, as well as of any medical treatment authorized by the supervising individuals representing Prince Albert Alliance Church. This consent and authorization is effective only when participating in or traveling to events sponsored by Prince Albert Alliance 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:

Telephone
 Social Media Networks
 Email
 Text Messages

Photographs:

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

Brochures/Annual Reports
 Website
 Videos (shown in church)

Purposes and Intent:

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

Parent/Guardian Consent:

I, the undersigned, have legal custody of the student named above and have read, understood, and agree with the above and sign it to cover all Youth Ministry activities for the program year effective as stated below. A separate Informed Letter of Consent will be sent home for off-site activities and activities of elevated risk.

Parent/Guardian Signature: _____

Printed Name: _____ Date: _____