

Youth Registration Form 2018/2019

Pineview Alliance Church
10201 Hoppe Ave, Grande Cache AB T0E 0Y0
Cornerstone Mountain Assembly
11001 Leonard St, Grande Cache AB T0E 0Y0

The information on this form is confidential and will not be given out without your consent. We collect your personal information only to provide the services which you have requested and to provide you with information about Pineview Alliance Church/Cornerstone Mountain Assembly.

Family Name (Last): _____

Guardian(s) Information: Father: _____ Mother: _____ Other: _____

Child(ren) lives with: Both Parents Mother only Father only Guardian

Address: _____

City: _____ **Postal Code:** _____

Phone: _____ **Phone:** _____

E-mail: _____

Emergency Contact: _____

Relationship to child(ren): _____ **Phone No:** _____

Child's name (first and last)	Age	Grade	Birthdate (mm/dd/yr)	Important info: Allergies/Medical/Pertinent Information
AB Health #				
AB Health #				
AB Health #				
AB Health #				

We/I give our/my permission for my child(ren) to attend Youth. We/I hereby give our/my permission to **Pineview Alliance Church/Cornerstone Mountain Assembly** to have pictures taken of our/my child(ren) for general record keeping use within the facility, on the church website, and in church publications (i.e. bulletins, newsletters, Facebook, etc.).

Parent's/Guardian's Signature: _____

Printed Name: _____

Date: _____