

New \_\_\_\_\_  
Complete \_\_\_\_\_

Update \_\_\_\_\_  
Missing Info \_\_\_\_\_

Recorded \_\_\_\_\_

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**Penticton Alliance Church  
EXCURSION, MEDIA & MEDICAL RELEASE FORM (2020-21)**

Throughout the year (2020-21) we will be planning various supervised youth activities in which we will be leaving the Penticton Alliance Church premises. These activities could include, but may not be limited to activities such as hiking, bowling, car rallies, tubing, skiing, field games, capture the flag, overnight conferences, out of town events, missions trips, and more. **A general excursion, media and medical release form must be completed for every student participating in our activities.**

Please complete this form and return it with your son/daughter as soon as possible so that he/she may participate with us. If you have any questions or concerns about anything, please contact Cole Johnston (Youth Pastor) at the Penticton Alliance Church, 250-493-7136.

I, \_\_\_\_\_ give my consent for \_\_\_\_\_  
(Parent/Guardian) (Youth's Name)  
to participate in the Penticton Alliance Church youth activities.

I, \_\_\_\_\_ (  ) ACCEPT (  ) DECLINE consent to have;  
(Parent/Guardian)  
photos/video/film/audio of \_\_\_\_\_ to be taken and used to  
(Youth's Name)

promote the Penticton Alliance Church Youth Ministry. My child's image may be published or used in the newspaper, promotional videos, PowerPoint presentations, program brochures, posters, etc. or otherwise displayed to the public.

I understand and accept the voluntary nature of the activities and that there may be potential risks involved for those who participate. I will not hold Penticton Alliance Church or its leadership liable for accidental injury, loss, damages, and/or death arising from these activities. I understand and accept that Penticton Alliance Church leadership will not be responsible for son/daughter's well-being and safety **prior to or following** youth activities (including: transportation to and from youth group, and/or extra activities initiated by the youth after official groups events, etc.).

In case of emergency, I give my permission for my child to receive whatever medical attention is necessary.

Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Family Doctor: \_\_\_\_\_

Doctor Phone: ( ) \_\_\_\_\_

Care Card #: \_\_\_\_\_

New \_\_\_\_\_  
Complete \_\_\_\_\_

Update \_\_\_\_\_  
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**PENTICTON ALLIANCE CHURCH YOUTH MINISTRIES (2020-21)**  
**Student Profile**

Student Name: \_\_\_\_\_

Select one: Middle School (Gr. 6-8)/ High School (Gr. 9-12)

School Grade (2020-21): \_\_\_\_\_ Date of Birth: Year: \_\_\_\_\_ Month: \_\_\_\_\_ Day: \_\_\_\_\_

School Attending: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**Parent/Guardian Info:**

Name: \_\_\_\_\_ Name: \_\_\_\_\_ Name: \_\_\_\_\_

Cell: \_\_\_\_\_ Cell: \_\_\_\_\_ Cell: \_\_\_\_\_

Home: \_\_\_\_\_ Home: \_\_\_\_\_ Home: \_\_\_\_\_

Work: \_\_\_\_\_ Work: \_\_\_\_\_ Work: \_\_\_\_\_

\*Email Address (parent/guardian): \_\_\_\_\_

**Which numbers should be called in case of emergency?**

1st: \_\_\_\_\_ 2nd: \_\_\_\_\_

**Additional Emergency Contact (If parent/guardian cannot be reached):**

Name: \_\_\_\_\_ Relationship to family: \_\_\_\_\_

Contact number: \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Medications:** \_\_\_\_\_

**Other pertinent information (ie: medical):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Notes (Office use only):