



YOUTH MINISTRY REGISTRATION 2021-2022 SOUTHGATE ALLIANCE CHURCH

This form is for activities at Southgate Alliance Church and in the Duggan Community. All information received is confidential and is being gathered for the purposes of serving this Student while in the care of Southgate Alliance Church and informing you of program updates and opportunities. This information will be maintained indefinitely. This form should be completed annually by the Parent / Guardian. The safety of this Student is our primary concern.

Student's Name _____ Date of Birth _____

Address _____

Postal Code _____ Home Phone Number _____

Cell Number of Student _____ Alberta Health Care # _____

Email Address of Student _____

Name of Parent(s)/Guardian(s) _____

Cell Number of Parent(s)/Guardian(s) _____

Email Address of Parent(s)/Guardians _____

Does this Student have any allergies of which we should be aware?

Yes No If yes, please specify: _____

Does this Student have any physical, emotional, mental, behavioural concerns or limitations of which we should be aware? Yes No If yes, please explain:

Does this Student carry medication with him/her? Yes No If yes, please list:

WAIVER FORM

I, _____, the parent/guardian of this student listed above, agree:

1. to indemnify and hold blameless Southgate Alliance Church, the church staff, or the Board of Elders for any loss, injury, illness, or damage suffered by the participant as a result of participation in Youth Programs.
2. should the participant be injured during Youth Programs and I cannot be reached, I give permission for Southgate Alliance Church to seek any medical treatment necessary.
3. to allow this Student's photograph or video image to be taken and used for promotional purposes.
4. to allow the Youth Pastor and Youth Volunteers to communicate with this Student via telephone, email, social media, and text.

Signed this _____ day of _____, 20____.

Signature of Parent/Guardian _____