

LFC KIDS/LFC YOUTH REGISTRATION FOR 2016-2017

Please fill out a separate form for each child.

Child Information:

Child Name _____ Gender ____ Date of Birth _____
Full Mailing Address _____
Parent Mobile Number _____ Parent Email: _____

Authorization and Medical Consent:

Information received is confidential and is being gathered for the purposes of serving your child while in the care of Leduc Fellowship Church. Any medical information collected here serves to authorize Leduc Fellowship Church, and its staff and volunteers, to obtain medical assistance in emergencies. As always, with programs where parents and children are on the church property, parents will be notified ASAP so they can make any decisions for their child.

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

Alberta Health Care Number: _____

Does your child carry any medication with him/her? Yes No
If yes, please list.

Allergies:

Does your child have any allergies? Yes No
If yes, please explain:

Other Medical Info:

Does your child have any physical, emotional, mental, behavioural concerns or limitations that our staff and volunteers should be aware of? No Yes

If yes, please explain.

Emergency Contact Information:

Parent/Guardian Printed Name(s): _____

Please provide an **alternate contact** in case of emergency:

Emergency Contact Name: _____

Emergency Contact mobile number: _____

I/we, the parents or guardians named above, authorize the Ministry Staff of Leduc Fellowship Church to sign consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedures for the participant named above, in the event that the parents cannot be contacted.

I/we, named above, undertake and agree to indemnify and hold blameless the Ministry Staff of Leduc Fellowship Church, its Pastors and Board of Elders and trained volunteers from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of the Leduc Fellowship 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 events of Leduc Fellowship Church.

Signature: _____

Custody: If applicable, please explain any custody issues.

Use of Photographs

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

- Brochures/Promotional material
- Website
- Postings in Church facility
- Printed/electronic Newsletters

Parent/Guardian Signed Permission:

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

Signature _____

Printed Name _____ Date _____

Effective from date signed through August 31, 2017

PURPOSES AND EXTENT

Leduc Fellowship 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 Leduc Fellowship Church to limit the information collected, or to view your child’s information, please contact us.