



# Pentiction Alliance Church

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*A multi-generational, multi-ethnic family  
seeking to make disciples of Jesus Christ loving  
God, one another, our community, and the world.*

## PAC Youth Group Registration, Medical Consent & Waiver Form

For Sept 12, 2025 through Sept 11, 2026

Student Name \_\_\_\_\_ Cell # \_\_\_\_\_

Address \_\_\_\_\_

Email (To receive info for Youth and general Church events) \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_ (Circle) Male Female  
Month Day Year

Medical Care Card # \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Parent's Cell# \_\_\_\_\_ Parent's Email: \_\_\_\_\_

Emergency Contact name & phone # \_\_\_\_\_

(In case of emergency and we cannot reach you)

Food Allergies or anything we need to know: \_\_\_\_\_

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

I/We, parents/guardians named below, understand that the PAC Youth Group is a Christian, Bible believing ministry where the Bible is taught openly as God's ultimate truth to be lived out. As such I/we accept that our child will be exposed to Biblical ideas and practices that may be contrary to current cultural norms, practices, philosophies, and beliefs.

I/We, authorize Pentiction Alliance Church (PAC) Youth Ministries Leader Team or one of the PAC ministry staff to sign a consent for medical treatment in the case of emergency and to authorize any physician or hospital to provide medical assessment, treatment or procedures for the minor named above.

I/We, undertake and agree to indemnify and hold Pentiction Alliance Church Youth Ministries Leader Team, the ministry staff, PAC, it's Pastors and Board of Elders from and against any loss, damage or injury suffered by our child as a result of being part of the activities of PAC Youth Ministries, as well as of any medical treatment authorized by the supervising individuals representing the church.

I/We authorize the usage of photos and/or videos of our child for PAC promotional material.

This consent and authorization is effective only when participating in or traveling to events of the PAC Youth Group Ministries.

**I have read, understood and agree with the above statement and sign it to permit my child's participation in all Youth Ministry activities for the program year, effected as stated below.**

Parent/Guardian

Signature \_\_\_\_\_ Date \_\_\_\_\_