Penticton 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 11, 2026 through Sept 10, 2027

Student Name_____ Care Card #_____

Address _____

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

Date of Birth _____/_____/_____ Grade_____ (Circle) Male Female
Month Day Year

Parent Name(s) _____ Cellphone_____

Parent's Email:_____ Also receive Youth & Church event emails? Y N
Circle

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 Penticton Alliance Church (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 PAC Youth Ministries Leader Team or one of the PAC ministry staff to sign a consent for medical treatment or assessment in the case of emergency for the minor named above.

I/We, undertake and agree to indemnify and hold Penticton 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.

I/We give consent for our child to be communicated with digitally by Youth Leaders or Staff for the purpose of informing about events, organizing informal hangouts, and scheduling public mentoring times. This will all be done in accordance with the PAC child and youth protection policy.

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 signed it to permit my child's participation in all Youth Ministry activities for the program year, effected as stated below.

Parent/Guardian
Signature_____ Date_____