2026 / 2027

Ebenezer Christian Reformed Church

Youth Ministry Registration and Consent Form

Information received is confidential and is being gathered for the purposes of serving your Child while in the care of Ebenezer CRC. Any medical information collected here serves to authorize Ebenezer CRC, and its Staff and Volunteers, to obtain medical assistance in emergencies. This form should be completed annually by the Parent / Caregiver.

Student's Name _____ Date of Birth _____

Address _____

Phone Number _____ Email (optional)_____

Health Card Number _____

Family Doctor _____ Phone Number _____

Allergies _____

In case of an emergency, contact _____

Parent's Name _____ Email _____

Phone Number (H)_____ (W)_____

Does your Child have any physical, emotional, mental, behavioural concerns or limitations that staff should be aware of? ❑ Yes ❑ No

If yes, please explain:

_____

_____

Is your Child bringing any medication with him/her? ❑ Yes ❑ No

If yes, please list.

_____

_____

The safety of your Child is our primary concern. Precautions will be taken for their well-being and protection. (Please turn over…)

I/we, the Parents or guardians named below, authorize [program leader] or one of Ebenezer CRC Youth Ministry Personnel to sign a consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedures for the participant named above.

I/we, named below, undertake and agree to indemnify and hold harmless Program Personnel, Ebenezer CRC, and its leaders from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of Ebenezer CRC, as well as of any medical treatment authorized by the supervising individuals representing Ebenezer CRC. This consent and authorization is effective only when participating in or traveling to events sponsored by Ebenezer Christian Reformed Church.

Communication:

A policy is in effect that communication is to be used solely for the dissemination of information. Please sign below to grant permission for Youth Ministry Personnel (staff and volunteers) to communicate with your Child via telephone, email, social media and text:

❑ Telephone (home/work/cell) #_____ ❑ Text messages # _____

❑ Email _____ ❑ Social Media Network(s) _____

Photos

Please sign below to grant permission for the reasonable use of pictures containing your Child in one or more of the following ways:

❑ Brochures/Promotional material
❑ Website
❑ Videotaping
❑ Ebenezer CRC Services
❑ Newsletters
❑ No use of my child's image

Purposes and Extent

Ebenezer Christian Reformed 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 Ebenezer Christian Reformed Church to limit the information collected, or to view your child's information, please contact us.

Parent / Guardian Options

I have read, understood and agree with above and sign it to cover all Youth Ministry activities for the program year effective as stated below. A separate Informed Letter of Consent will be sent home for off-site activities and activities of elevated risk.

Parents'/Guardian Signature _____

Printed Name _____ Date _____

This permission form is effective: Date _____ to _____