

Coast Hills Youth Student Info Form 2026-2027

Please print clearly in blue or black ink

Youth's Name: _____ Age: _____

Birthday (MM/DD/YYYY): _____ Grade: _____ Male or Female: _____

School Attending: _____

Email: _____

Address: _____ City: _____ Province: _____

Postal Code: _____ Care Card Number: _____

Home phone: _____ Cell: _____

Parent/Guardian's name: _____ Phone(Home) _____ (Work) _____

Parent/Guardian's name: _____ Phone:(Home) _____ (Work) _____

Is there a custody arrangement that we should be aware of? No _____ Yes _____

If yes, please describe and provide a hard copy of the agreement.

Alternate Emergency Contact: _____ Phone (Home) _____ (Work) _____

Medical History:

Parents, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, or condition to which the student is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this information in print on a separate form. Include names of medications and dosages that must be taken.

Check the following areas of concern for this student. If necessary, add another page with details:

1. For the student's safety and our knowledge, is your student a:

• Good Swimmer _____ Fair Swimmer _____ Non-Swimmer _____

2. Does the student have allergies to:

• Pollens _____ If so, please describe _____

• Medications _____ If so, please describe _____

• Food _____ If so, please describe _____

• Insect Bites _____ If so, please describe _____

• Other _____ If so, please describe _____

3. Does the student suffer from, or has ever experienced, or is being treated currently for any of the following:

• Asthma _____ Heart Trouble _____ Diabetes _____ Epilepsy/Seizure _____ Physical Limitation: _____

Frequent Upset Stomach _____ Anaphylactic Shock _____ Other _____

4. Date of last tetanus shot: _____

5. Does the student wear: Glasses _____ Contact Lenses _____ Neither _____

6. Please list and explain any major illness, injury, or diagnosis (i.e. anxiety, depression, additional needs etc) the student experienced during the past year:

7. Additional Comments: _____

Student Agreement*

For your information, we expect each student to conform to these rules of conduct while under Coast Hill's care:

- No possession or use of alcohol or drugs
- No fighting, weapons, fireworks, lighters, or explosives
- Respect property, peers, staff and adult leaders
- Respect and comply with event schedules and expectations

Students who fail to comply with these expectations may be sent home at their parents' expense where applicable. Please review these rules with your child.

Please identify your agreement by initialing here: _____

Parent Agreement*

Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the youth pastor prior to the event.

Information collected will be used for this youth ministry and may be used for future contact in connection with Coast Hills Community Church to keep you informed of the available program options.

Photo/Video Permission

In accordance with the BC Freedom of Information and Protection of Privacy Act, Coast Hills Youth is seeking your consent to collect, retain, use and disclose photographs, videos, images and/or names of students and groups of students in a variety of possible publications, which may include: Church Communications (e.g. newsletters, brochures); Church website and social media sites (e.g. Facebook pages, YouTube, Vimeo, Twitter); and general display in the Church facility. Such photographs/videos are used strictly for the purposes of acknowledging and celebrating our students and/or building community within Coast Hills Youth and Coast Hills Community Church.

Please identify your consent by initialing here: _____

Transportation*

I give permission for my child to be transported by designated volunteer drivers authorized by Coast Hills Community Church

Please identify your consent by initialing here: _____

Risk Release*

By signing this form, I understand that all reasonable safety precautions will be taken at all times by Coast Hills Community Church and it's volunteers during youth group activities. In the event of an emergency, I give permission to the leadership of this event to make the necessary decisions regarding the welfare of my child. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Coast Hills Community Church, it's staff, or volunteers liable for damages, losses, diseases, or injuries which may occur during this event.

Please identify your consent by initialing here: _____

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Participation and Medical Release*

This consent form gives permission to Coast Hills Community Church to seek whatever medical attention is deemed necessary to treat any injuries or ailments that my child could encounter.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events organized by Coast Hills Community Church. Activities may include, but are not limited to: dodge ball, tag, trips to community businesses (Starbucks, 7-11, etc.), gym activities, full church building games, swimming, hiking, concerts, bible studies, and offsite day events. I/We understand that there are inherent risks involved in any ministry or athletic event including, but not limited to the following:

sprained or broken limbs, concussion, bruises, and cuts. In the event that my/our child is injured and requires the attention of a doctor, I/ we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by Coast Hills Community Church, I/we agree to hold such person free and harmless for any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/We also agree to bring my/our child home at my/our expense should they become ill or if deemed necessary by the staff of the youth ministry program. I/We also agree to hold harmless and indemnify the releases from any and all liability for any property damage or personal injury to any third party resulting from my child's participation in the Coast Hills Community Church's Youth Program

Please identify your consent by initialing here: _____

**Name of Child: _____ has my permission to attend all Coast Hills Youth activities from
September 17th 2026-Sept 16th 2027**

Parent/guardian signature: _____ Date _____

Please print name: _____