

REGISTRATION, WAIVERS & MEDICAL RELEASE FORM

Youth Field Trips and Special Events

The youth program at Grace U.B. Church in Church is a ministry for students in grade 6-12. It involves Bible studies and social events as well as occasional regional events. All of our youth leaders are approved by the Church Leadership board and follow the Protection Plan adopted by the United Brethren Church in Canada. It is our desire to minister to the youth of our community in a fun, safe, and meaningful manner. The information on this form will be kept on file and used for all field trips & special events in the current school year and following summer. However, each time we have an overnight trip, we will ask you to fill out a separate form for the specific trip.

General Information

Youth's Name: _____ Birth Date: _____

Address: _____ Postal Code: _____

Phone: (_____) _____ School: _____

Parents/Guardian: _____

Parent's Email: _____

Youth's Email: _____

Emergency Contact: _____ Phone: (_____) _____

Emergency Contact: _____ Phone: (_____) _____

Provincial Health Insurance Number: _____

Name of Family Doctor: _____ Dr's Phone Number: _____

Medical

Your child must be covered by Provincial Health Insurance or equivalent medical insurance. Precautions are taken for the safety and health of your child, but in the event of accident or sickness, The United Brethren Church in Canada, *Grace U.B. Church*, its staff, and its volunteers are hereby released from any liability. In the event that your child requires special medication, x-rays or treatment, the parents/guardians will be notified immediately.

Does your child have any severe or life-threatening allergies? (Bee stings, food, penicillin, other drugs) Yes No

If yes, please explain: _____

Does your child carry an Epipen or Inhaler? Yes No If yes, please complete **Epipen and Inhaler Form**

Does your child have any physical, emotional, mental or behavioural concerns or limitations that we should be aware of?

Yes No If yes, please explain: _____

Waivers

I give my permission to Grace U.B. Church to keep the information above in records for the use of the Grace U.B. Church Children's and Youth ministries. Yes No

I give my permission to Grace U.B. Church to use my child's name and/or photo on material posted within the church. Yes No

I give my permission to Grace U.B. Church to use my child's name and/or photo on material posted on the church website. Yes No

Parent/Guardian's Signature:

Date:
