



**FAMILY SURNAME:**



**For the period: July 2021 - June 2022**

Information received is confidential and is being gathered for the purposes of serving your child while in the care of Port Elgin Missionary Church. Any medical information collected here serves to authorize Port Elgin Missionary Church, and its staff and volunteers, to obtain medical assistance in emergencies.

**Youth Information / Registration** (Please print)

**Today's date**

**1 - YOUTH INFORMATION**

<b>First name</b>	<b>Surname of child</b>	<b>Nick name or preferred</b>
<b>Date of birth</b> mm/dd/yyyy	<b>Age</b> <b>School Grade</b>	<b>Gender</b> <input type="checkbox"/> <b>Male</b> <input type="checkbox"/> <b>Female</b>

**This child:**  
 **Attends regularly**     **Attends occasionally (relative/friend of PEMC attendee)**

**What Allergies/Special needs does your child have?**  
 (Please be specific, listing any physical, emotional, cognitive, behavioural concerns or limitations.)

**Please list any medications your child carries with her/him:**

**2 - YOUTH INFORMATION**

<b>First name</b>	<b>Surname of child</b>	<b>Nick name or preferred</b>
<b>Date of birth</b> mm/dd/yyyy	<b>Age</b> <b>School Grade</b>	<b>Gender</b> <input type="checkbox"/> <b>Male</b> <input type="checkbox"/> <b>Female</b>

**This child:**  
 **Attends regularly**     **Attends occasionally (relative/friend of PEMC attendee)**

**What Allergies/Special needs does your child have?**  
 (Please be specific, listing any physical, emotional, cognitive, behavioural concerns or limitations)

**Please list any medications your child carries with her/him.**(Include ventilator, Epipen, Ritalin, Antibiotics)

**PARENT(S)/GUARDIAN NAMES****RELATIONSHIP TO THE CHILD****First name****Surname** **Mother** **Father** **Other** \_\_\_\_\_**First name****Surname** **Mother** **Father** **Other** \_\_\_\_\_**\*In the case of custody agreements, please include the proper form authorizing parental contacts.****YOUTH MINISTRY CARE POLICY & PARENTAL AGREEMENT**

Port Elgin Missionary Church believes in excellence in our entire Children's & Youth Ministries. It is always our endeavour to care for your child(ren) to the best of our ability while they are entrusted to us. However, we do assume the responsibility for the care only when complete information regarding allergies and any other special needs is provided. Should situations regarding your child change from week to week, please ensure that this is communicated directly to the Ministry Personnel or Children's/Youth Ministry Co-ordinator and make certain that it is recorded in writing at any/all youth functions.

At any time, we reserve the right to not admit your child into the classroom should there be signs of any communicable disease or sickness. i.e.) colds, etc.

Please complete this Youth registration card and remit at time of pick-up or your child's next PEMC youth function.

Your child(ren) will only be released to the parent/guardian and/or those whom you have authorized below.

We reserve the right to remove children who exhibit extreme or rebellious behaviour that negatively impacts our ability to care for the group in its entirety.

**We appreciate you ensuring your youth has a safe way to get to and from any/all youth functions.**

I, \_\_\_\_\_ **agree with and will abide by this policy.**

*Please print name*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Must be signed by Parent / Guardian**

**CONTACT INFORMATION****Address****Home Phone****City****Postal Code****Cell Phone(s)****(Please indicate whose)****Primary Email Address (Family contact)****Who is Authorized to pick up your child? (List all)****(Must be 16 years or older)****Emergency Alternate Contact(s):****Name:****Phone:****Relationship:****Name:****Phone:****Relationship:**

## COMMUNICATION & PHOT RELEASE

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 & Volunteers) to communicate with your child via telephone, email, social media and text:

- Telephone    Email    Social Media Networks    Text Messages
- No ... I/we do not grant permission for any communication.**

Please sign below to grant permission for the reasonable use of photos containing your child in any or all of the following ways:

- Brochures/ Promotional material    Church Services    PEMC Website    Newsletters
- No ... I/we do not grant permission for any communication.**

*I acknowledge that these photographs will be stored on the Port Elgin Missionary Church computer for these purposes.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## PARENT / GUARDIAN OPTIONS

I have read, understand and agree with the 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.

\_\_\_\_\_  
(Print Name)

Parent / Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

## INDEMNITY

In the event that I/we, the parents or guardians named above, are unavailable, I/we authorize the Pastor or one of the Port Elgin Missionary Church Ministry Staff 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. This consent and authorization is effective only for situations resulting from participation resulting in events of the Port Elgin Missionary Church.

I/we, named above, also undertake and agree to indemnify and hold blameless the Ministry Staff, Port Elgin Missionary Church, its Pastors, Board of Directors, and Elders from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of the Port Elgin Missionary Church, as well as of any medical treatment authorized by the supervising individuals representing the church.

**I have read, understand, and agree with the above and sign to cover Youth activities of the Port Elgin Missionary Church.**

\_\_\_\_\_  
(Print Name)

Parent / Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

## PURPOSES AND EXTENT

Port Elgin Missionary Church is collecting and retaining this personal information for the purpose of enrolling your child(ren) in our programs, to assign the student to the appropriate classes, to develop and nurture ongoing relationships with you and your child(ren), and to inform you of program updates and upcoming opportunities at the Port Elgin Missionary Church.

This information will be maintained indefinitely as it is a requirement of our insurance company and legal counsel.

If you wish the Port Elgin Missionary Church to limit the information collected, or to view your child's information, please contact us.

## OFFICE USE ONLY

<b>Date Received:</b>	<b>Received by:</b>	<b>Date Data Base Entry:</b>	<b>Entered by:</b>	<b>ID Number:</b>
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