**Evangel Temple Registration, Permission Form, Liability and**

**Indemnity Release From September 1st, 2020 to September 30th, 2021**

**Purpose of form:** To register your child for 180DegreeYouth program and give child consent

from parent/guardian to participate in general excursions. A general excursion can be defined as a trip that is within the town of Napanee, City of Kingston or City of Belleville. Depending on the trip, youth may walk or be driven by an Evangel Temple approved driver. The weekly update

(contact options listed below) will provide you with excursion dates, times and details. If there is

an excursion you do not want your child to participate in, please contact the Evangel Temple

office prior to the excursion date. This information will be maintained indefinitely as it is a

requirement of our insurance company and legal counsel. If you wish Evangel Temple to limit

the information collected please contact the Evangel Temple office. This permission form will

be valid for September 1st, 2020 to September 30th, 2021 unless Evangel Temple is notified of a

change.

**Program Overview:** This is a program for youth ages 11-19. It is run by Evangel Temple. This

program has been run for over fifty years. It is a place where youth come together, build healthy

relationships with peers and trained leaders, participate in fun energetic team games and take

part in learning about God through teaching and small groups.

**Instructions on permission form:**

• This form is to be returned to an Evangel Temple Staff Member

• Only one permission form is required per participant for the September 2020- September 2021 year.

• Please do not put more than one family member on a permission form.

*Connect with us: Facebook: 180 Youth Group*

*Evangel Temple / Instagram: @evangelyouth180*

**PART A: General Information:**

Youth’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthday: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent (1)Cell Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent (2) Cell Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Youth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Prescribed Medications:**

Name of Medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Known Allergies (please state all):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please Proceed to Page 2**

**PART B: Communication**

We would like to be able to connect with youth and parents/guardians in between events using email, Facebook or text. We will be using this communication tool to announce upcoming events and

special announcements (example: Cancellations). If you would like to be included in this service,

please provide us with your information below:

By checking the box below you give Evangel Temple permission to send you messages

* Please send me information about upcoming events and announcements via:
  + Facebook Group (Search and Join “180 Youth, Evangel Temple”)
  + Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please write your email address)
  + Text: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please write your cell phone #)

Please send me information about parent/guardian volunteer opportunities.

**PART C: Consent to Release Photographs of Video**

We are always please when the local media takes an interest in the activities and achievement of Evangel Temple. However, in order for us to release this type of personal information about youth achievement and for other administrative purposes, consent is required to comply with the provisions of *Municipal* *freedom of Information and protection of Privacy Act, 1989.*

Please review the following and check off the appropriate responses.

Child Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DO YOU CONSENT TO EVANGEL TEMPLE’S RELEASE OF PERSONAL INFORMATION WITH

REGARD TO YOUR CHILD IN EACH OF THE FOLLOWING CASES:

YES NO

1. The sharing of photographs with Evangel Temple ( ) ( )

public community or media to publicize program

events involving your child?

2. Your child’s name or photograph, video image

and activities being copied, used or displayed ( ) ( )

in Evangel Temple or in the public/publications

such as newsletters, church website or social

media?

3. Information involving your child’s participation

and achievement in voluntary service projects? ( ) ( )

I am of legal age and fully understand this contract (minor must have parental/guardian consent).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian Date

*Please note: If at any time you wish to remove consent for any of the above, please contact Evangel*

*Temple Office.*

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**COVID-19**

**Evangel Temple Youth Leadership Team** understands the stress of **COVID-19** on youth and young adults. Giving them the opportunity to come together in a safe way is important for their mental and spiritual health in these uncertain times.

With **COVID-19** being so fluid with recommendations changing constantly, Evangel Temple strives to follow Public Health standards.

* Physical Distancing: Keeping 2 metres (6 feet) apart.
* Hand Washing
* Hand Sanitizing Stations
* Wearing of Masks
* Question Screening
* It is the responsibility of the parent to prescreen for COVID-19 symptoms and keep the child home if showing any of the following: A cough or shortness of breath, fever, diarrhea and or vomiting.

Working together, we can keep 180 Degrees Youth, a safe and healthy place for our youth and young adults to meet.

* **Please check the box to acknowledge that you have read and understand the statement above.**

**PART D: LIABILITY AND INDEMNITY RELEASE FORM**

**\*PLEASE READ CAREFULLY**\*

Please have a parent/Guardian sign and return this section;

In consideration of my child’s participation in the program I agree to RELEASE, SAVE HARMLESS, and

INDEMNIFY Evangel Temple and Agents from and against all claims, actions, costs and expenses and

demands in respect to death, injury, loss or damage to my child’s person or property, wheresoever and

howsoever caused, arising out of, or in connection with my child’s participation in the Program and

notwithstanding that the same may have been contributed to or occasioned by any act or failure to act by

Evangel Temple and Agents, save and except for gross negligence. I further agree and acknowledge that

this Release and Indemnity shall bind my heirs, executors, administrators and assigns.

I have read this Release and Indemnity and understand it.

**Parent Section:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Legal Guardian Printed form of signature

**Witness Section:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Witness Printed form of signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

**Evangel Temple Contact Information:**

Evangel Temple Office Phone Number: 613-354-4281

Church Email: office@evangelnapnee.com

Evangel Temple Address: 320 Bridge St. W, Napanee, ON Evangel Temple

Office Hours: Monday- Thursday: 9:00am-3:00pm, Sunday 10am-11am (COVID-19)