



**Coaldale Mennonite Brethren 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 Coaldale Mennonite Brethren Church. Any medical information collected here serves to authorize Coaldale Mennonite Brethren Church, and its Staff and Volunteers, to obtain medical assistance in emergencies. This form should be completed annually by the Parent / Care Giver.

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Parents' Phone Number \_\_\_\_\_ Parents' Work Number \_\_\_\_\_

Email Address \_\_\_\_\_

Health Card Number \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

Allergies \_\_\_\_\_

**In case of an emergency, contact** \_\_\_\_\_

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 Coaldale Mennonite Brethren Church 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, Coaldale Mennonite Brethren Church, 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 Coaldale Mennonite Brethren Church, as well as of any medical treatment authorized by the supervising individuals representing Coaldale Mennonite Brethren Church. This consent and authorization is effective only when participating in or traveling to events sponsored by Coaldale Mennonite Brethren Church.

I/we, named below, understand that all necessary COVID-19 precautions will be taken for the safety of all participants.

**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)
- Email
- Social Media Networks
- Text messages

**Photos**

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

- Brochures/Promotional material
- Website
- Videotaping
- Church
- Newsletters
- Social Media

**Purposes and Extent**

Coaldale Mennonite Brethren 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 Coaldale Mennonite Brethren 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 \_\_\_\_\_