

## **Appendix 9 – Youth Registration and Waiver & Medical Release Form**

*Breslau Evangelical Missionary Church*

The youth program at Breslau Evangelical Missionary 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 workers and follow the Plan to Protect adopted by the Deacon's board. The plan is available on the church website [www.bemc.ca](http://www.bemc.ca). It is our desire to minister to the youth of our community in a fun, safe, and meaningful manner.

### **Purposes and Extent**

Breslau Evangelical Missionary 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 Breslau Evangelical Missionary Church to limit the information collected, or to view your child's information, please contact us.

The information on this form will be 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. Thank you!

Youth's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Parents/Guardians: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent's Email: \_\_\_\_\_ Youth's Email: \_\_\_\_\_

Youth's Health Card Number: \_\_\_\_\_

Your child must be covered by Provincial Health Insurance or equivalent medical insurance.

Does your child have any severe/any life-threatening allergies (bee stings, food, penicillin, other drugs) or medical conditions? **Yes**  **No**  If yes, please explain:

\_\_\_\_\_

Does your youth carry an EpiPen or Inhaler? **Yes**  **No**  If yes, please explain:

\_\_\_\_\_

**Note: Appendix 11 should be completed in addition to this form.**

Your youth should **not** carry any medication other than an EpiPen or inhaler to any non-overnight event.

Does your youth have any physical, emotional, mental or behavioural concerns or limitations that our staff should be aware of? Yes No

Health Information (if needed): \_\_\_\_\_  
\_\_\_\_\_

In case of emergency contact (other than parents):

Name #1: \_\_\_\_\_ Phone #1: \_\_\_\_\_  
Name #2: \_\_\_\_\_ Phone #2: \_\_\_\_\_

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

I give my permission to BEMC to use my child's name and/or photo on material posted on the church website and social networks, newsletters, or promotional material. Yes No

I give my permission to BEMC approved workers to communicate with my child outside of ministry events (by telephone, email, text messages, Facebook, other social media, etc.). This does not apply to mentoring situations which require specific parental permission. Yes No

**Waiver – Please Read Carefully**

I/we, the parents or guardians named above, authorize the ministry staff of Breslau Evangelical Missionary Church 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 above, undertake and agree to indemnify and hold blameless the Ministry Staff, Breslau Evangelical Missionary Church, its Pastors and Board of Deacons from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of the Breslau Evangelical Missionary Church, as well as of any medical treatment authorized by the supervising individuals representing the church. This consent and authorization is effective only when participating in or traveling to events of the Breslau Evangelical Missionary Church.

Parent's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Effective for Ministry Year 20\_\_/20\_\_

I have read, understood, and agree with the above information for the program year

**Breslau Evangelical Missionary Church**  
102 Woolwich Street, Breslau ON N0B 1M0 (519) 648-2712; fax (519) 648-3092