

Central Presbyterian Youth Ministry September 2014 to August 2015

Activity Program Waiver, Driver Release and Medical Release Forms

Central Presbyterian Church 7 Queen's Square Cambridge, ON N1S 1H4, 519-623-1080
www.centralchurchcambridge.ca twitter @CentralStudentC Like us on Facebook "Central's Student Ministry"

This registration form, for the year, September 2014 to August 2015 **must be filled out and signed** for each youth who attends any youth programs organized by Central Presbyterian Church.

The programs include:

1. Youth group meetings at the church
2. Socially planned events at the church or in the community
3. Ministry opportunities: where we are involved at the church or in the community

Full name of Participant: _____

Birth date: _____

Full Address: _____

Parent/guardian/caregiver name(s): _____

Home/residence phone: _____ Parent Cell phone: _____ Youth Cell phone: _____

Email YOUTH: _____

Email PARENT: _____

Does participant have severe allergies or other medical condition that leaders should be aware of; Yes ___ No ___

If yes, please list and explain _____

Following the Leading with Care document implemented by the Presbyterian Church in Canada, all reasonable precautions for the safety and health of the participant will be taken. He or she will be properly supervised in activities and when transported by staff and volunteers of the youth ministry. All staff and volunteers responsible for the transportation of youth should avoid driving them when alone. I understand that the staff and volunteers of Central Presbyterian youth ministry go through a screening process whereby they are required to provide a police check, reference check, driver and insurance information confirming their full licence and a minimum of \$1 million dollar liability insurance coverage.

In the event of accident, injury, or sickness Central Presbyterian Church Youth Ministry, its staff and volunteers are released from any liability. In the event of injury requiring medical attention, I authorize treatment for the participant and understand that reasonable attempts will be made to contact me (or resident staff), should such a situation occur.

I, _____ authorize the participation in youth programs for, the driving of and the medical attention to
(Parent/guardian/caregiver)

_____ by the staff and volunteers of Central Presbyterian Church Youth Ministry.
(Full name of youth)

Participant's Health card number: _____

CONTACT PERSON (not parent) in case of emergency and parents/guardians/caregivers cannot be reached:

Name: _____ Phone: _____

Parent/Guardian Signature: _____

Parent/Guardian Name (Print): _____

Please note: for special events, day trips and weekend camps separate permission and driver forms must be filled out.



Central Presbyterian Youth Ministry

Photo/Video Parental Permission Form September 2014 to August 2015

Here at Central we like to remember events and activities that help influence our young people's lives. One way we accomplish this is by taking photos and videos of our youth ministry. By signing this form you are granting permission that your child will be photographed or recorded throughout the year.

Please check mark if you give permission

1. _____ I give permission to have my child photographed or video recorded during youth ministry events.
2. _____ I give permission for my child's photograph or recorded video to be used in a positive manner to promote the youth ministry. I understand that this could include a bulletin board displays, power point slides, picture cd's, during events, and worship services.
3. _____ I give permission for my child's picture to appear on the church website and/or youth blog.

Youth Name:

By signing, I, _____ grant permission for my child's photo or video to be used in the above described manner.

Signature of Parent, Guardian, Caregiver

Date