

ST DAVID'S UC YOUTH 2016/2017 REGISTRATION FORM

For the Youth Ministry Program at St David's United Church in Calgary, AB

YOUTH NAME(S)	BIRTH DATE (D/M/YR)	AGE	GENDER	GRADE	ALBERTA HEALTH#

YOUTH CONTACT INFORMATION

Address & Postal Code:

Home Phone # : _____ Cell #: _____

E-mail(s): _____

Parent Name(s): _____ Ph#: _____

Parent Name: _____ Ph#: _____

Alternate Contact: _____ Ph #: _____

GENERAL CONSENT AND ACKNOWLEDGEMENT OF RISK

I understand that as part of the St. David's United Church youth program that I/my child may have the opportunity to participate in the following activities including but not limited to activities in the church, at the outdoor fire pit and in the community such as at another church, movie night, bowling or going for coffee at a nearby coffee shop.

I acknowledge the existence of known hazards and the potential for unknown hazards inherent in the above program or activity(ies). I, on my own behalf and/or on behalf of my child voluntarily assume such risks, which may result in any manner of injury, illness and/or death to me/my child. I am satisfied that I have been informed of my right to obtain as much information about this program, or activities as I feel necessary.

I have been informed that I and my child is to abide by the rules and regulations including directions and instructions from the leader in charge and the supervisors while participating in the program or activities. Also I acknowledge that my child has signed an agreement to abide by SAD rules (no smoking, no sex, no alcohol or drugs) while involved in activities as part of the St. David's United Church youth program. In the event that I or my child fails to demonstrate that I/

he/she can handle the responsibility associated with the Off-Site Activity, I/my child may be asked to leave the activity.

Based upon my understanding of the activities set out in the first paragraph and the hazards identified above, I consent for my child to participate in these specific activities. I understand that for all other offsite activities I will receive specific notification and a separate acknowledgement and consent form.

CONSENT FOR EMERGENCY MEDICAL TREATMENT

I/We give permission to the St. David's Youth Program (its employees and others) to make decisions concerning my/our child's medical care and treatment, and where necessary to authorize such care and treatment in emergency situations.

I/We understand that the organizers of St. David's Youth Program will make every reasonable effort, in the circumstances, to contact _____ at _____ regarding my/our child's medical status in the event an emergency arises. In the event that _____ cannot be reached in an emergency I/we hereby give my permission to the licensed medical professional whose services might be required to provide medical care and treatment to me/our child. I understand I shall be financially responsible for such advice and service (ie: ambulance).

CONSENT FOR COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION AND PHOTO RELEASE

I/We/the Participant consent to the collection, use and disclosure of my/my child's and my "personal information" as defined in the *Freedom of Information and Protection of Privacy Act* (Alberta). This collection is for the purpose of registration with the St. David's United Church Youth Program, participating in activities, receiving communications via e-mail, website, facebook page and blog.

Furthermore, I/we/the participant, grant permission to St. David's United Church Youth Program to photograph and/or record my image and/or voice on still or motion picture film and/or audio tape. I understand this material may be used in print, web or audio visual media as a part of the St. David's United Church Youth Program. Initial here _____ if you and your child do not want this information collected. Images and voice may be removed from the media collection by request.

I/We understand that personal information may be disclosed with individual involved in Pastoral Care on an as needed basis, to oversee the Youth Ministry Program.

I/We understand consent may be withdrawn at any time by contacting the St. David's United Church Youth Program.

Print Name of Youth Participant

Signature of Parent or Legal Guardian
or Youth Participant (if 18 years of age or older) Date

Print Name of Parent or Legal Guardian Date

E-MAIL UPDATES

We like to keep you informed about events happening in our Youth Ministry. We periodically send out updates and newsletters via e-mail. If you would be interested in receiving these please check "Yes Please" below. If you would not like to receive email correspondence, please check "No, thanks".

Yes, Please___ No, Thanks___

SUPPORT FOR YOUTH MINISTRY PROGRAM COSTS

We are suggesting a donation of \$50 -\$100. \$50 helps defray the cost of supplies. The actual cost of the program paid by the church is much higher. Please donate what you can to this vital ministry.

Youth Donation: \$ _____

Complete this portion if an Official Income Tax Receipt is required.
Tax Receipt to be issued to:

Name: _____

Address (if different than above): _____

Phone/Email: _____

or ENVELOPE # (if known): _____

We look forward to being in ministry with you!

Alison Demeter,
Minister of Families
youth@sduc.ca / 284-2276 x109

Personal information is collected under the authority of Alberta's Freedom of Information and Protection of Privacy Act (*FOIP Act*.) This information will be used to see if the candidate(s) meet the criteria and will be treated in accordance with the privacy protection provisions of the *FOIP Act*. If you have any questions about the collection, contact St. David's Minister of Families at (403) 284-2276 ext. 109 or at youth@sduc.ca.