

STUDENT INFORMATION FORM

Bethany Community Church Youth Ministry

September 2009 to August 2010

A. General Information

Child's Name: _____ Birth Date: mm ___ dd ___ yyyy _____

Parent's Names: _____

Address: _____

City: _____ Postal Code: _____

Phone Number: _____ Email: _____

Grade: 7 8 9 10 11 12 School: _____

Are there any special custody arrangements we should be aware of? YES NO

If yes, please explain

B. Medical Information

Does your child have any allergies that we should be aware of? YES NO

If yes, please explain

Note: Please inform your child's leaders of any serious allergies.

In the event of a medical emergency, and we are unable to reach you as parent/guardian:

I authorize Bethany Community Church Youth Ministry Staff to permit appropriate medical treatment at a medical facility. Bethany Community Church shall be held harmless in the event of an accident or injury and I understand and agree Bethany Community Church disclaims any and all liability.

Child's Name: _____ Date of Birth: _____

Health Card Number: _____

ALLERGIES: _____

Medical Conditions: _____

Date

Signature of Parent/Guardian

Name of Parent/Guardian
(please print)

C. Consent and Release

This consent form gives permission for students to attend all outings within the Bethany Youth Ministry program. Examples of these outings include activities planned for large youth events, individual one-on-one connecting with a leader over a beverage or lunch OR spontaneous small group outings with the small group leader (i.e. trip to Tim Horton's, etc.). **Under no circumstances are teenagers allowed to drive other teens for any Youth Ministry event.**

Authorization of Consent for a Minor:

I/We the parents/guardians of _____ do hereby allow our child (one form per person) to attend all Bethany Youth Ministry events throughout the year, from **September 2009 to August 2010**, and authorize the Youth Ministry leaders to act as our agents and consent to any medical treatment if required during the event. In the case of an emergency, we understand every effort will be made to contact us, as the parents/guardians, but if we cannot be reached, we authorize the adult youth leaders to provide for our child and make decisions on our behalf.

Release of Bethany Community Church, 1388 Third St. Louth, St. Catharines:

(Parent/Guardian Names) _____ shall indemnify, hold free and harmless, assume liability for and defend Bethany Community Church, its servants, employees and trustees from any and all costs and expense and assertion of liability, or any claim or action founded thereon, arising out of injury in any form or use of real property belonging to Bethany Community Church or its adults leaders or employees to

(student's name) _____ while en route, during or returning from the place of events. This release is in effect for the time period of **September 2009 to August 2010**.

Do you consent to your child's name, photograph, video image and/or accomplishments being released in Bethany Community Church publications, such as PowerPoint presentations, the Church Directory, the *Circuit News* and/or *Rooftop* newsletter and other promotional materials to be distributed within Bethany Community Church?

Yes No

Do you consent to your child's name, photograph, video image and/or accomplishments being released on the Bethany Community Church website?

Yes No

Student's Health Card Number: _____

Parent's/Guardian's Signature: _____

(If two parents/guardians, both signatures are needed!!)

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