

ROCKYVIEW YOUTH REGISTRATION FORM | 2020-2021

Information received is confidential and is being gathered for the purposes of serving your child while in the care of Rockyview Alliance Church. Any medical information collected here serves to authorize Rockyview Alliance Church, and its staff and volunteers, to obtain medical assistance in emergencies. *In the case of custody agreements, please include the proper form authorizing parental contacts.*

Student Contact Information

First Name: _____ Last Name: _____
Student Email: _____
Address: _____
City: _____ Postal Code: _____
Student Mobile Phone: _____
Date of Birth: Month _____ Day _____ Year _____ Grade: _____

Medical Information

The safety of your child is our primary concern. Precautions will be taken for their wellbeing and protection.

Health Card Number _____

Family Doctor _____
Phone Number _____
Allergies _____

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

If yes, please explain.

Is your child bringing any medication with him/her? Yes No If yes, please list.

First Parents'/Guardian Name: _____

Contact Number: _____

Address (iff different than above) _____

Second Parents'/Guardian Name: _____
Contact Number: _____
Address (iff different than above) _____

In case of an emergency Contact Name: _____
Phone Number: _____

Phone Number: _____

Waiver and Consent

I/we, the parents or guardians named above, authorize the Youth Pastor or one of Rockyview Alliance Church Ministry Staff 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 Youth Pastor, the Ministry Staff, Rockyview Alliance Church, its Pastors and Board of Elders from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of Rockyview Alliance 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 Rockyview Alliance Church.

Photos

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

Brochures/Promotional material Church Social Media Website

Effective from date signed through to August 31, 2021.

Parent Signature _____

Printed Name _____

Date _____

Purposes and Extent

Rockyview Alliance 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 Rockyview Alliance Church to limit the information collected, or to view your child's information, please contact us.