

GOOD NEWS COMMUNITY CHURCH YOUTH GROUP

SEPTEMBER 2018 – JUNE 2019 CONSENT TO INFORMATION

The following personal information is collected for purposes of administering the Youth Group program. Contact information is required to advise of schedule and activity changes.

This information is protected by the privacy provisions of the Freedom of Information and Protection of Privacy Act. If you have questions about its collection, contact Pastor Mark Bueckert at 780-663-3837 (home) or 780-663-3664 (office).

Mailing Address

Youth Birthday

Youth Cell Phone #

Youth E-Mail Address

Preferred method of contact: Cell phone Text message E-mail Mail

SEPTEMBER 2018 – JUNE 2019 LIABILITY WAIVER

The undersigned adult registrant or parent or other legal guardian of a registrant under the age of 18 years acknowledges and agrees that all registrants who attend the events sponsored by the Good News Youth Group will waive any and all claims, actions, suits, liabilities, and demands whatsoever for bodily injury and/or death of the registrant, which may arise against the Good News Community Church and any owner and operator of it and all its agents, employees, volunteers, instructors, and associates. I understand that it is my responsibility to inform the Good News Community Church, in writing, of any physical ailment which would affect my child’s participation in the program and/or activities.

I also understand that there is a “No Tolerance” rule for alcohol, drugs, or unacceptable behavior, and that once the registrant has arrived at Youth Group, he/she will remain there for the duration of the event. If guidelines are not followed, I will be contacted to pick up my child.

In addition, I consent to the use of any photographs or videotapes of my son/daughter for Good News Community Church displays, website postings, or promotions or advertising associated with any Church-sponsored activities inside or outside the Church building, or on or off the Church premises.

Print Name of Youth

Print Name of Parent/Guardian

Signature of Youth

Signature of Parent/Guardian

Date

MEDICAL INFORMATION

Are there any particular medical problems your child may be experiencing, or any medication that his/her youth group leaders should be aware of? Explain.

Physical Disabilities? Yes No Allergies? Yes No Serious Illness? Yes No

If “Yes” above, provide additional information: _____

EMERGENCY CONTACT

In case of emergency, please provide us with contact phone numbers.

Name: _____

Home Phone #: _____

Cell Phone #: _____

Alternate Phone #: _____

(optional)