REGISTRATION/PERMISSION FORM

Program: (Please circle applicable) Senior Youth JR. Youth

Date enrolled: _____ AHC# _____

Name of Child: _____ Gender: _____ Age: _____

Primary Contact (Parent/Guardian): _____

Address: _____Phone: _____

Email: _____ Receive monthly e-mails about COR13? **YES / NO**

Alternate Contact #1: _____ Phone: _____

Alternate Contact #2: _____ Phone: _____

Does your child have any allergies? (Bee stings, food, medications, etc.) Yes ____ No ____
Please explain: _____
_____
_____

Please Note: THE CHURCH AND ITS WORKERS & VOLUNTEERS ARE NOT RESPONSIBLE AND DO NOT ASSUME ANY RESPONSIBILITY FOR MONITORING AND ENSURING THAT A CHILD TAKES HIS/HER MEDICATION PROPERLY.

Does your child have any physical, emotional, mental or behavioral concerns or limitations that our staff should be aware of? Yes ____ No ____
Please explain: _____
_____
_____

Permission:

I hereby give permission for my child, _____, to participate in the Senior Youth / JR Youth **(circle one)**, as planned and carried out by the staff and volunteers of Brightview Community Church Falun AB.

Your child will be cared for as if (he/she) were our child. Every precaution will be taken for the safety and good health of your child, but in the event of accident or sickness, we give permission for Brightview Community Church, Falun AB, its staff, and its volunteers to use their judgment in securing whatever medical service is deemed necessary and hereby release Brightview Community Church Falun AB, its staff and its volunteers from any liability.

I hereby consent to the use of photographs or video recordings of the above listed child by Brightview Community Church Youth Group for the use in newsletters, youth/church web sites, other electronic/digital/print media, and/or any promotional material. YES ☐ NO ☐

Parent/Guardian's Signature _____

Date: _____