

Activity: All Wednesday and Friday night youth gatherings as well as any other trips from Sept 1, 2022 to Aug 31, 2023 Chaperones: Youth Director, Amy Kowal and Youth Ministry volunteer staff Child's Name: ______Age: _____Child's Cell#_____ Date of Birth: _____ Grade: _____ Address: Postal Code: Phone: ______ School: _____ Mother's Name: _____ Work #: _____ Cell#_____ _ Work #: _____Cel<u>l#____</u> Father's Name: _____ Would you like to be added to our mailing list for email updates? Parent email: Does your child have any severe or life-threatening allergies? (i.e. Bee stings, food, penicillin, other drugs?) □ No □ Yes If yes, please explain: Is your child bringing any medication with him or her? (Antibiotics etc.) □ No □ Yes If yes, please explain when & how it is to be administered: Does your child have any physical, emotional, mental or behavioral concerns or limitations that our staff should be aware of? □ No □ Yes If yes, please explain: I/we give permission to use pictures/videos that may be taken of my child during youth events for promotional purposes. \square No \square Yes Precautions are taken for the safety and health of your child, but in the event of accident or illness, Century Meadows Baptist Church, its staff, and its volunteers are hereby released from any liability. In the event that your child requires special medication, x-rays or medical treatment, every effort will be made to contact the parents/guardians as quickly as possible. Alberta Health Insurance Number: _____ **not required Name of Family Physician: ______ Physicians Phone # Parent/Guardian's Signature Date

