



Ebenezer Christian Reformed Church Youth Registration and Consent Form

Information received is confidential and is being gathered for the purposes of serving your Child while in the care of Ebenezer CRC. Any medical information collected here serves to authorize Ebenezer CRC, and its Staff and Volunteers, to obtain medical assistance in emergencies. This form should be completed annually by the Parent / Caregiver.

Student's Name _____

Date of Birth _____ Grade _____

Allergies _____

Parent's Name(s) _____

Email(s) _____

Phone Number (Home) _____ (Cell) _____

Mailing Address _____ Postal Code _____

Student's Health Card Number _____

Family Doctor _____ Phone Number _____

Alternate Emergency Contact _____

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

If yes, please explain: _____

Is your Child bringing any medication with her? Yes No

If yes, please list. _____

The safety of your child is our primary concern. Precautions will be taken for their well-being and protection. (Please turn over...)

Drafted June 2018

Ebenezer Christian Reformed Church | Plan to Protect® Policy

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Communication:

A policy is in effect that communication is to be used solely for the dissemination of information. Please sign below to grant permission for Youth Ministry Personnel (staff and volunteers) to communicate with your Child via telephone, email, social media and/or text:

- Telephone (home/cell) # _____
 - Text messages # _____
 - Email _____
 - Social Media Network(s) _____
-

Photos

Please sign below to grant permission for the reasonable use of pictures or video containing your child in one or more of the following ways:

- Promotional material (eg. Brochures, Website, Newsletters)
- Ebenezer CRC Church Services
- No use of my child’s image

Emergency Medical Consent

I/we, the Parents or guardians named below, authorize Ebenezer CRC Youth Ministry Personnel 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 below, undertake and agree to indemnify and hold harmless Ebenezer Ministry Personnel, Ebenezer CRC, and its leaders from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of Ebenezer CRC, as well as of any medical treatment authorized by the supervising individuals representing Ebenezer CRC. This consent and authorization is effective only when participating in or traveling to events sponsored by Ebenezer Christian Reformed Church.

Purposes and Extent

Ebenezer Christian Reformed 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 Ebenezer Christian Reformed Church to limit the information collected, or to view your child’s information, please contact us.

I have read, understood and agree with above and sign it to cover all Youth Ministry activities for the program year effective as stated below. A separate Informed Letter of Consent will be sent home for off-site activities and activities of elevated risk.

Parents’/Guardian Signature _____

Printed Name _____ Date _____

This permission form is effective for the 20187/2019 school year.

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