



Release/Permission Form 2025-'26

All Students

Effective Dates: August 19th 2025- September 30th 2026

Basic Info:

Last Name: _____ First Name: _____ Gender: (M/F) Age: ____

Grade (2025-'26 School Year:) _____ Birthday: (dd/mm/yyyy): _____ Email: _____

Home Phone #: _____ Cell Phone #: _____

Address/City/Postal Code: _____

Primary Parent/Guardian:

Name: _____ Main Phone #: _____

Relationship to Child: _____ Cell Phone #: _____

Secondary Parent/Guardian:

Name: _____ Main Phone #: _____

Relationship to Child: _____ Cell Phone #: _____

Emergency Contact:

Name: _____ Main Phone #: _____

Relationship to Child: _____ Cell Phone #: _____

Medical Information:

Family Doctor: _____ Phone #: _____ Medical Number: _____

Allergies: _____

Do they have physical, mental, emotional or behavioural struggles and/or limitations? ☐ YES ☐ NO

If yes, please explain: _____

Will your child be bringing any medications with him/her during SHIELD Youth Activities & Events? ☐ YES ☐ NO

If yes, please list: _____

For your child's safety and our knowledge, is your student a: ☐ Good Swimmer ☐ Fair Swimmer ☐ Non-Swimmer

Code of Conduct: All Activities & Events

ALL Students attending **SHIELD Youth** Activities & Events:

- Must participate in all the sessions/activities and/or stay with the group under adult supervision at all times.
- Need to listen to and follow the Next Gen Pastor and other Adult Leader's instruction(s).
- Must respect event rules, volunteers, leaders, and people in general (physically, mentally, sexually, spiritually). Any deviation, abuse or harm in these areas will be taken seriously, and necessary steps will be taken to ensure individuals' safety and discipline. Cannot fight, use/possess alcohol, drugs, cigarettes, vapes, fireworks, lighters, weapons, or explosives, or participate in any and all dangerous activities/inappropriate behaviour.
- Are allowed to use electronic devices for parental communication, road trips and during services (if applicable) for note-taking/bible reading unless otherwise instructed by the Next Gen Pastor. If used outside of these contexts (social media, games, texting, etc.), they may be temporarily confiscated.

****Failure to follow these rules may result in being sent home at the parents' expense****

Monthly Newsletter

Each month, Pastor Brad will send out a newsletter addressed to parents/ guardians filled with information on what's coming up in the life of the youth group, encouraging notes and helpful tips to help better connect with your teen. If you'd like to receive this monthly newsletter, please provide your email(s) on the top of the following page..

Parent/Guardian Email(s): _____

Photos

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

☐ Social Media ☐ Brochures ☐ Church Gatherings ☐ Website ☐ Newsletter

Parent Signature: _____ Date: _____

Activities & Events:

Activities may include, but are not limited to: local travel plans, youth conferences/concerts/retreats, on-site all-nighters, bowling, swimming, boating and related water activities, corn maze trip, ice skating, games in the park, soccer, volleyball, softball, baseball, basketball, tapeball, hiking, Bible studies, small groups and off-site day and/or overnight events. Any out-of-town trips may require their own consent forms to be filled out, including, but not limited to: Rally Conference, Youth Gathering Conference, and Chubb Lake Teen Camp.

Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the Next Gen Pastor.

Purpose & Extent:

Calvary Church is collecting and retaining this personal information for enrolling your child in **SHIELD Youth** events/activities, assigning them to the appropriate small groups, to ensure proper and effective contact with you, and to inform you of any updates regarding **SHIELD Youth**. This information will be kept on file indefinitely for legal purposes. If you wish for Calvary Church to limit the information collected or if you want to view your child's information in our records, please contact us at your convenience.

Consent, Waiver & Release:

I/we, the parents or guardians named below have legal custody of the minor named above and give our consent for him/her to attend events being organized by **SHIELD Youth** and/or Calvary Church in the 2025/2026 season of **SHIELD Youth** (Aug. 19th, 2025 to September 30th, 2026).

I/we understand the risks involved in the various events and activities my child may participate in and authorize Calvary Church, its Staff and Volunteer Leaders to assist my child if they are injured or ill while under their care according to the following procedures:

1. Help the child immediately and perform necessary actions and/or interventions within our means and training (including calling 911) while also getting a hold of you in person or by phone to inform you of the situation and ask you to assist.
2. If we cannot contact you, we will contact the emergency contact you have given us and ask them to assist us in providing care for your child in their situation.
3. If neither contact is available, we will either call 911 and/or take your child to the emergency room for medical attention depending on the situation at hand.

Furthermore, I/we, the parents or guardians named below, authorize one of Calvary Church's ministry staff members to sign a consent form for medical treatment and authorize any physician or hospital to provide medical assessment, treatment, or procedures for the participant named below.

Finally, I/we, the parents or guardians named below, undertake and agree to indemnify and hold blameless Calvary Church, its pastors, representatives, and Board of Elders from and against any loss, damage or injury suffered by the Child as a result of being part of the activities of **SHIELD Youth** as well as any medical treatment authorized by the supervising individuals representing the church. This consent and authorization is effective only when participating in or travelling to events by/with **SHIELD Youth**.

Parent/Guardian's Name: _____

Parent/Guardians' Signature: _____ Date: _____

Student Consent/Commitment:

I, the student named below, have read the Code of Conduct, the above evaluation of my health, my parent's consent, waiver and release of myself in regards to **SHIELD Youth** and it's events, and agree to abide by the stated personal limitations and code of conduct.

Child's Name: _____

Child's Signature: _____ Date: _____

If you have any questions feel free to call the church office at 250.392.5324 or email blindhout@calvarychurchwl.com