

Cross Church

Youth Ministry Registration and Consent Form

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

Student's Name _____

Date of Birth _____

Address

Phone Number _____

Parents' Work Number _____

Health Card Number _____

Family Doctor _____

Phone Number _____

Allergies

In case of an emergency, contact

In the remainder of this Youth Ministry Registration and Consent Form, the Student shall be referred to as "your Child" or "the Child", as the case may be.

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 him/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 read Appendix 7...)

Appendix 7

However, I, being the parent(s) or guardian(s) of the Child, understand there may be certain physical risks and other risks or injury to any and all parts of the body, including death, to the Child in participating in the activities of Cross Church Winnipeg (the "Activities"). I understand that medical and/or dental care may be necessary for the Child as a result of participating in the Activities. I understand that an injured or ill person may need to be moved or transported to a location where outside resources and help can be accessed, and I understand that these situations may increase the severity or extent of an injury and/or reduce the chances of survival. I understand and agree to assume responsibility for any expenses and costs associated with such medical and/or dental treatment and transportation for the Child. I understand and authorize Cross Church Winnipeg Staff and Volunteers to sign any necessary consent(s) for medical and/or dental treatment and to authorize any physician, dentist and/or hospital to provide medical and/or dental assessment, treatment or procedures for the Child.

I acknowledge having read and understood the above, and accept and consent to the above conditions and risks and thus to allow the Child to participate in the Activities.

Accordingly, and in consideration of allowing the Child to participate in the Activities, I hereby absolutely and forever release, remise, acquit and discharge CROSS CHURCH WINNIPEG INC., its officers, directors, employees, members, volunteers, guides, activity instructors, agents, contractors, successors and assigns (collectively the "Releasees") of and from all manner of action or actions, cause or causes of action, suits, dues, sums of money, claims, losses, expenses, demands or damages, of any nature and kind whatsoever, both in law and equity, which I, my next-of-kin, and my heirs, executors, administrators, successors and assigns and/or the Child, the Child's next-of-kin, heirs, executors, administrators, successors and assigns, or any of them (collectively the "Releasers"), has had, now has or can, shall or may hereafter have, for or by reason of or in any way arising out of any cause, matter or thing whatsoever and in particular, without limiting the generality of the foregoing, for or by reason of or in any way arising out of any injury (including serious injury), death, damage or loss (of any kind) that may be sustained by the Releasers or any of them, regardless of howsoever sustained and/or howsoever caused (including, without limitation, negligence, breach of contract, or breach of any statutory or other duty of care, including any duty of care owed under relevant occupiers liability laws), resulting from the Activities, as well as from any medical and/or dental treatment authorized by the Releasees, or any of them.

I, the undersigned parent/guardian, hereby acknowledge and agree that my child has the ability to sign themselves out and leave the Nexus Youth program of Cross Church Winnipeg Inc. (the "Church") at any time. While the Church encourages children participating in the program to remain on Church property during the entirety of the program's duration (7:00 p.m. – 11:00 p.m.), I hereby further acknowledge and agree that should my child so choose, my child is able to leave the Church property, be it temporarily or permanently, voluntarily of their own accord.

I hereby further acknowledge and agree that the Church, its officers, directors, employees, members, volunteers, guides, activity instructors, agents, contractors, successors and assigns (collectively the "Releasees") shall not accept responsibility or liability for any action or events that may occur involving my child should they choose to leave the Church property, be it temporarily or permanently. I hereby further acknowledge and agree that should my child chose to leave the Church property, I hereby absolutely and forever release, remise, acquit and discharge the Releasees of and from all manner of action or actions, cause or causes of action, suits, dues, sums of money, claims, losses, expenses, demands or damages, of any nature and kind whatsoever, both in law and equity, which I, my next-of-kin, and my heirs, executors, administrators, successors and assigns and/or my child, my child's next-of-kin, heirs,

executors, administrators, successors and assigns, or any of them (collectively the "Releasors"), has had, now has or can, shall or may hereafter have, for or by reason of or in any way arising out of any cause, matter or thing whatsoever and in particular, without limiting the generality of the foregoing, for or by reason of or in any way arising out of any injury (including serious injury), death, damage or loss (of any kind) that may be sustained by the Releasors or any of them, regardless of howsoever sustained and/or howsoever caused (including, without limitation, negligence, breach of contract, or breach of any statutory or other duty of care, including any duty of care owed under relevant occupiers liability laws), resulting from my child choosing to leave the Church property.

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 text:

- | | |
|---|--|
| <input type="checkbox"/> Telephone (home / work / cell) | <input type="checkbox"/> Social Media Networks |
| <input type="checkbox"/> Email | <input type="checkbox"/> Text messages |

Photos

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

- | | |
|---|---|
| <input type="checkbox"/> Brochures/Promotional material | <input type="checkbox"/> Cross Church Use |
| <input type="checkbox"/> Website | <input type="checkbox"/> Newsletters |
| <input type="checkbox"/> Videotaping | |

Purposes and Extent

Cross 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 organization. This information will be maintained indefinitely as it is a requirement of our insurance company and legal counsel. If you wish Cross Church to limit the information collected, or to view your child's information, please contact us.

Parent / Guardian Options

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: DATE June 1, 2017 to October 1, 2018