



# THINK Youth Group

## Registration Form For program year 2017-2018

### Personal Information

Student Name \_\_\_\_\_

Date of Birth (MM/DD/YY) \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

Name of Parent(s) or Legal Guardian(s) \_\_\_\_\_

Home phone \_\_\_\_\_ Cell Phone(s) \_\_\_\_\_

Parent/Guardian Email \_\_\_\_\_ (we use email to inform you about program changes or special events, etc.)

Alternate Emergency Contact name \_\_\_\_\_ Phone(s) \_\_\_\_\_

### Medical Information

Health Card # \_\_\_\_\_

Allergies \_\_\_\_\_

Current Medications \_\_\_\_\_

Indicate if your child carries any of the following:

\_\_\_ ANA kit \_\_\_ Epipen \_\_\_ Puffer or Inhaler Can the child self-administer? Yes / No

Does your child have any of the following:

\_\_\_ Diabetes \_\_\_ Heart Problems \_\_\_ Seizures \_\_\_ ASD

\_\_\_ ADD/ADHD \_\_\_ Depression \_\_\_ Asthma

\_\_\_ Emotional Concerns/Anxiety

Does your child have any physical, emotional, mental, behavioral concerns or limitations that our staff should be aware of? If yes, explain. \_\_\_\_\_

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

## Code of Conduct

It is our expectation that children who attend the Youth Group will:

1. Respect the leaders
2. Respect the church facility
3. Respect each other. Bullying behaviors will not be tolerated under any circumstances.

### **PLEASE READ CAREFULLY**

This is a legal document. By signing this you are agreeing to give up certain legal rights.

- 1) **Permission and acknowledgement of risk:** I hereby acknowledge that my child is under the age of 19 years and that he/she will voluntarily participate in Mission Alliance Church (MAC) activities throughout the ministry year. These activities may take place at MAC or at other offsite locations. I understand that my child's participation in any or all of these activities may have undesired and unanticipated consequences. These may include but are not limited to: injuries caused by falling down or colliding with objects or people during running games and other activities as well as other accidents. I hereby voluntarily agree to allow my child to participate in these activities and understand that by doing so I am exposing my child to inherent risks and hazards. I agree to accept all risks and hazards and to be responsible for any injury or loss which may occur as a result of participating.
- 2) **Medical treatment:** I hereby authorize the Mission Alliance Church Ministry Staff to sign a consent form for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedures for my child.
- 3) **Release of liability:** I undertake and agree to indemnify and hold blameless Mission Alliance Church (MAC), and all affiliates, members, directors, officers, leaders, volunteers and employees from and against any loss, damage or injury suffered by my child as a result of being part of the activities of MAC, as well as of any medical treatment authorized by the supervising individuals representing the church.
- 4) **Photo/Video:** I understand that Mission Alliance Church reserves the right to tastefully use photographs and/or video images of children for promotional purposes. Children will not be identified by name.
- 5) This consent and authorization is effective only when participating in or traveling to a Mission Alliance Church authorized event.

I have read, understood and agree with the above and sign it to cover all 'THINK' Youth Group activities for the program year from September 2017 till August 2018.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_