**REGISTRATION AND MEDICAL CONSENT FORM**

***2019/20***

Information received is confidential and is being gathered for the purposes of serving our youth while in the care of Sheridan Park Family Church (SPFC). The safety of your youth is our primary concern.

Precautions will be taken for their wellbeing and protection.

***Please complete both sides.***

Youth Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Youth Phone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Youth Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Card Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Phone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In case of emergency contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In case of parents living in separate residences, please indicate if there are specific pick up instructions for your youth and ***inform us of any changes. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**Does your youth have any allergies or physical, emotional, behavioural concerns or limitations that our staff/volunteers should be aware of?**• no \_\_\_\_\_\_

• yes \_\_\_\_\_\_ If yes, please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Is your youth bringing any medications with him/her?**

• no \_\_\_\_\_\_  
• yes \_\_\_\_\_\_ If yes, please list \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PREFERRED MODE OF COMMUNICATION**

Please mark preferences for communication below. ***In doing so, you give permission for Youth staff/volunteers to contact yourself or your youth*** by mode selected.

***Youth younger than 13 yrs***. will be contacted only through parent listed above. Please select preferred contact mode:  
• email as listed above \_\_\_\_\_\_\_\_

• Phone number as listed above\_\_\_\_\_\_\_

• text message to cell listed above \_\_\_\_\_\_\_\_

• add me to Facebook page. My FB name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Youth 13-18 yrs. can be contacted:***

• youth or parent email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

• text message to parent/youth cell # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PHOTOS/VIDEOS**

***2019/20***

Please sign below to grant permission for the reasonable use of pictures/videos containing your youth in any or all of the following ways:  
• \_\_\_\_\_\_ Promo material  
• \_\_\_\_\_\_ Church

• \_\_\_\_\_\_ Website  
• \_\_\_\_\_\_ Private Youth Facebook/Instagram pages

**Parent signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I/we, the parents or guardians named above, authorize Zachary Hair (Associate Pastor) or SPFC staff/volunteers 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 above, undertake and agree to indemnify and hold blameless SPFC Church, the ministry staff/volunteers, it’s Pastors and Board of Elders from and against any loss, damage or injury suffered by the participant as a result of being a part of the activities of SPFC Church, as well as of any medical treatment authorized by the supervising individuals representing SPFC Church.

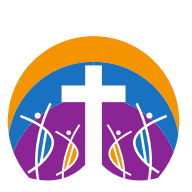
***I have read, understood and agree with the above, and sign it to cover all Youth Ministry activities for the program year 2019/20***

**Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Any medical information collected serves to authorize SPFC Church, and its staff and volunteers, to obtain medical assistance in emergencies.  
The safety of your youth is our primary concern. Precautions will be taken for their wellbeing and protection.

***SPFC Church is collecting and retaining this personal information for the purpose of enrolling your youth in our programs, to assign the youth to the appropriate ministry, to develop and nurture ongoing relationships with you and your youth, and to inform you of program updates and upcoming opportunities at SPFC Church.***



Sincerely, Zach Hair (Associate Pastor of Youth and Outreach)