

Westview Baptist Church Youth Group

2020-2021 Registration & Consent Form

Youth's Name: _____

Parents/Guardians name (s): 1. _____

2. _____

Home Address: Street: _____

Apt: _____

City: _____ Prov: _____

Postal Code: _____

Youth Date of Birth (dd/mm/yyyy): _____

Health Card (optional): _____

Allergies/Medical Concerns: _____

Phone # Home: _____

Cell/Work: _____

Email: _____

This consent/waiver form is a general consent for the year of September 2020 – August 2021. In the event of an overnight activity, a separate consent form will be sent home with specific information. Youth will not be allowed to participate in youth events that are off-site unless this consent form is signed.

I am aware of the fact that medical officials can authorize emergency medical care that is required should the need arise. This would apply only when a serious condition exists and Westview Baptist Church youth leaders and medical officials have been unable to contact the parents/guardians. Precautions are taken for the safety and health of your child, but in the event of accident or sickness, Westview Baptist Church, its staff and volunteers are hereby released from any liability.

_____ (Initial for consent) I give permission for my son/daughter to participate in Westview Baptist Youth Group events for the year of September 2020 – August 2021

_____ (Initial Consent) I give permission for Westview to use pictures of my son/daughter for church slideshows, the church newsletter, church bulletin boards, church website, Facebook and other social network media.

_____ (Initial; for student) I understand that I cannot forward, publish or share my pictures which show another person(s) without first ensuring that express written permission has been given through this form.

Parent/Guardian Signature: _____ Date: _____