

Westgate Alliance Church Youth Ministry Medical Release and Registration Form for 2015-2016 School Year

(Please Print Legibly)

Student's Name _____
Grade _____ Birthday (M/D/Y) ____/____/_____
School _____
Address _____
City _____ Postal Code _____
Student's Email _____

Parent's Names _____
Parent's Home # _____
Parent's Cell # _____
Parents Email _____
Family Physician _____
Physician's Phone # _____
Health Card Number _____
Alternate Contact Person _____
Alternate Contact Phone # _____

Medical History

Known Allergies _____

Is your child bringing any medication with them? If yes, please list

Any Medical/Physical/Emotional/Mental/Behavioural Concerns _____

rules of conduct:

- Everything should be done with an attitude and character of respect and love.
- We want to start and finish on time. Please plan accordingly.
- Dress appropriately. Do not wear anything that someone would view as questionable, sexual, inappropriate, derogatory, skin tight, or revealing.
- Respect others and their property.
- Never force someone to do something against their will.
- Respect the leaders. They are sacrificially giving to be here, so let's give them the honour they deserve.
- Respect the property. Help us be good stewards of what the Lord has given us. (Throw trash away, don't mark on walls or furniture, clean up spills, etc.)
- Since we desire to build an environment of safety, unity, and love, no public displays of affection are allowed unless you are married.
- No foul language, sexual comments, rude jokes or doing anything else to purposefully offend someone.
- No weapons, alcohol, drugs or anything else someone could perceive as being "dangerous" or illegal.

Students who fail to comply with these expectations may be sent home at their parent's expense.

I, the student, have read the above rules or conduct and agree to abide by them.

Student's Name _____

Signature _____ Date _____

For your information we expect each student to conform to these

Photograph/Video

I grant permission for Westgate Alliance Church to use reasonable photos/videos of my child in slideshows, brochures, on Westgate Alliance Church's website and affiliated websites, and on bulletin boards. (please circle) YES NO
I grant permission to allow my child to be involved in Adopt a Quizzer. (please circle) YES NO

Church Information

Church where parent(s) attend on a regular basis (check the one that applies):

- None
- Westgate Alliance Church
- Other (please provide church's name) _____
 - If Other, does the church have a youth ministry? (please circle) YES NO

I, the undersigned, have legal custody of the student named above and have given consent for him/her to attend events or activities organized by Westgate Alliance Church. I understand that there are inherent risks involved in any ministry or athletic event, and I hereby undertake and agree to indemnify and hold blameless, in all respects, Westgate Alliance Church, its pastors, Board of Elders, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur by the participant as a result of being part of the activities or events of Westgate Alliance Church, as well as of any medical treatment authorized by the supervising individuals representing Westgate Alliance Church. In the event of any accident or injury, I authorize one of Westgate Alliance Church's employees or volunteers to sign consent forms for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment, or procedures for the participant named above. This consent and authorization is effective only when participating in or traveling to events or activities sanctioned by Westgate Alliance Church.

Parent/Guardian:

I have read, understand and agree with the above and sign it to cover all Westgate Alliance Church activities or events from the date signed to **September 30, 2016**.

Parent's Name _____

Signature _____ Date _____