

Rock Mills Fellowship Baptist Church Children/Youth Ministries

Youth Registration Form (Ages 12-17 years on December 31)

Rock Mills Fellowship Baptist Church is collecting and retaining this personal information for the purpose of enrolling your child in our programs, caring for your child's needs while in our programs, and providing a safe ministry environment for both your child and our ministry personnel at Rock Mills Fellowship Baptist Church. This information will be maintained indefinitely.

Parent's Name(s) _____ Phone Number _____

Parent's Email address _____

Student's Name _____

Allergies & Medical Needs:

Does your child have any allergies? Yes No If yes, please explain: _____

Please indicate any other physical, emotional, or behavioural concerns that we should be aware of:

Communication: Please sign below to grant permission for youth program ministry personnel to communicate directly with your child via technology such as telephone, email, social media, and texting.

Signature: _____

Program Dismissal: Do you give permission for your child to leave independently at program dismissal?

Yes, my child may leave unescorted, and I understand that I am responsible for my child at that time.

Photo/Video Consent:

Photography and video recording are only to be done by designated ministry personnel. No photographs or recordings will ever be posted on our website or other social networks without further written permission from you.

Do you give permission for your child to be photographed or recorded for reasonable, ministry related purposes such as bulletin board decor and ministry presentations? No Yes

Please Note: Any personal/medical information collected here serves to authorize Rock Mills Fellowship Baptist Church and its personnel, to obtain prompt medical assistance in emergencies.

Birthdate _____ (DD-MM-YYYY) Health Card Number _____

Address _____

Medical Consent: Though every effort will be made to contact the parent/guardian before medical treatment is sought, I/we, the parents or guardians named below, authorize Rock Mills Fellowship Baptist Church Ministry Personnel 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. This consent and authorization is effective only when participating in or traveling to events sponsored by Rock Mills Fellowship Baptist Church. **Parent Initials** _____

Liability Release:

I understand that there is inherent risk of injury and/or sickness to my child in connection with this program. I undertake and agree to indemnify and hold harmless Ministry Personnel, Rock Mills Fellowship Baptist Church, and its leaders from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of Rock Mills Fellowship Baptist Church as well as of any medical treatment authorized by the supervising individuals representing Rock Mills Fellowship Baptist Church.

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.

Parent's/Guardian Signature _____

Printed Name _____ Date _____

Effective from September 20__ to August 20__

A separate letter of informed consent will be sent home for off-site activities.