

All information will remain confidential

Youth Information	
Youth First Name:	Youth Last Name:
Youth Email Address:	School and Grade:
Birthday: Month: Day: Year:	CareCard Number:
Family Doctor:	Family Doctor Phone Number:
Allergies:	
Does your child have any physical, emotional, mental, behavioral concerns or limitations that our staff and volunteers should be aware of? If yes, please explain.	
Parent/Guardian Information	
Full Name:	Full Name:
Home Phone Number:	Home Address:
Parent/Guardian's Mobile Number:	Parent/Guardian's email address:
Emergency Contact Information (Not Parents/Guardian)	
Emergency Contact Name and Relationship:	Phone Number:
Consent & Release of Liability	
<p>The Youth named above is allowed to participate in all Youth Ministry activities. This includes activities & events held both at Richmond Chinese Alliance Church and outside of the church ("Outings").</p> <p>I understand that the leaders ("Mentors") of Richmond Chinese Alliance Church will take every precaution with regards to the safety of my teen and will not hold the church, pastors and elders responsible in the event of any injury due to accident.</p> <p>If my child is injured, I authorize the Mentors, Pastoral Team and other leaders to take appropriate action, including administering medical treatment by a first aid attendant or to authorize emergency medical personnel to act. In such emergency requiring medical attention I expect to be notified immediately.</p>	

I undertake and agree to indemnify and hold blameless Pastoral Staff, the volunteer Mentors, Richmond Chinese Alliance Church, and the Board of Elders from and against any loss, damage, or injury suffered by the participant as a result of being part of the activities of the Richmond Chinese Alliance Church, as well as of any medical treatment authorized by the supervising individuals representing the church.

I have read, understood and agree with the above and sign it to cover all Youth Ministry activities for the year effective from the date signed through to September 30th, 2019.

Signature of Parent/Guardian

Date

Photos Consent

Please sign below to grant permission for the reasonable use of pictures containing your child in any or all of the following ways:

- Brochures/Promotional material
- Website and Social Media
- Church Newsletters

Signature of Parent/Guardian

Date