

Prairie Rose EMC **Senior** Youth information/registration card (please print) Today's date:

YOUTH'S INFORMATION		
First name	Surname of youth	Nick name or preferred
Date of birth mm/dd/yyyy	Age	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
What Allergies/Special needs does your child have? (Please be specific)		
PARENT(S)/GUARDIAN NAMES		RELATIONSHIP TO THE YOUTH
First name	Surname	Mother <input type="checkbox"/> Father <input type="checkbox"/> Other <input type="checkbox"/> _____
First name	Surname	Mother <input type="checkbox"/> Father <input type="checkbox"/> Other <input type="checkbox"/> _____
YOUTH MINISTRY CARE POLICY & PARENTAL AGREEMENT		
<p>Prairie Rose Evangelical Mennonite Church believes in excellence in our entire Youth Ministry Program. It is always our endeavor to care for your youth to the best of our ability while they are entrusted to us. However, we do assume the responsibility for the care only when complete information regarding allergies and any other special needs is provided. Should situations regarding your youth change from week to week, please ensure that this is communicated directly to the Youth Leaders/Youth Pastor. At any time, we reserve the right to not admit your youth into the youth event should there be signs of any communicable disease or sickness i.e. colds etc. We reserve the right to contact you regarding youth who exhibit extreme or rebellious behavior that negatively impacts our ability to care for the youth group in its entirety. We appreciate you making sure your youth has a safe way to get to and from any/all youth functions.</p> <p>I _____ agree with and will abide by this policy. <i>(Must be signed by parent/guardian)</i></p> <p>_____ Signature _____ Date</p>		
Prairie Rose Evangelical Mennonite Church		

CONTACT INFORMATION		
Address		Home Phone
City	Postal Code	Parent/Guardian Cell Phone
Parent/Guardian Email address		
Student Email address / Cell Phone / Social Media that parent gives permission for youth leaders/pastor to use to contact student.		
Who is Authorized to pick up your youth? (must be 16 years or older) If youth can walk home please indicate that as well.		

PHOTO RELEASE	
<p>I give permission for my youth's picture or any photographic/video footage taken of my youth to be used for identification pictures for security or in other Prairie Rose EMC promotional materials for any church use. I acknowledge that these photographs will be store on the Prairie Rose EMC computer for these purposes.</p> <p>_____ Signature _____ Date</p>	

FOR OFFICE USE ONLY	
Date Received:	Received by:

INFORMED LETTER OF CONSENT  
Youth Inc. (Prairie Rose Evangelical Mennonite Church Senior Youth)

Dear Parent,

We are planning activities as part of our programming that require your permission prior to participation. We have provided you the details of the activities and request that you complete and sign the permission form. The safety of your child is our primary concern. Precautions will be taken for their wellbeing and protection.

Note: Please cross out and initial any activities you do not give permission for your child to participate in.

Date: September 17, 2020    Activity: Games in the woods

Location: Wooded property 1.1km South of the corner of Hwy 210W and Mun Rd 26E

Transportation: Parents will drop off and pick up their children at the event location

Date: October 1, 2020            Activity: Volunteering at Samaritan's Purse Shoe Box Store

Location: Landmark Christian Fellowship – 172 Main St. Landmark

Transportation: Parents will drop off and pick up their children at the Landmark Christian Fellowship.

Student's Name \_\_\_\_\_

Manitoba Medical Numbers \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

In case of an emergency, contact \_\_\_\_\_

I hereby consent to the participation of my/our child in these supervised activities.

While every precaution is taken for the safety and good health, some sports and activities carry with them the inherent risk of personal injury beyond the risks associated with many of the recreational activities at Prairie Rose EMC. I/we understand and accept these risks and agree that by allowing my child to participate in these activities, he/she may be taking part in an activity that presents the potential for personal injury.

I/we, the parents or guardians named below, authorize the Director or one of the Prairie Rose EMC's 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.

I/we, named below, undertake and agree to indemnify and hold blameless Prairie Rose EMC, its personnel, its Directors and Board from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of the Prairie Rose EMC, as well as of any medical treatment authorized by the supervising individuals representing the Prairie Rose EMC. This consent and authorization is effective only when participating in or traveling to events of the Prairie Rose EMC.

I have read, understood and agree with above.

Parent / Guardian Signature \_\_\_\_\_

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