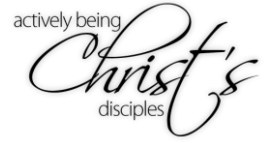




High River Baptist Church Youth Registration Form



2024-2025

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Parent/Guardian & Household Information

Parent/Guardian #1 Cell Phone
First *Last*

Parent/Guardian #2 Cell Phone
First *Last*

Emergency Contact
(Additional to above)
Name *Phone*

Authorized Person for Child Pickup
(Additional to above)
Name *Phone*

Email Address(es) to receive YOUTH updates

Mailing Address

Address *City, Province* *Postal Code*

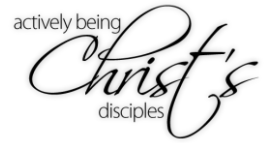
Home Church (if applicable)

Child's Full Name (First and Last)	M/F	Birthday (MM/DD/YY)	Grade	Medical Conditions (Food/Other Allergies, Learning or Behavioural Concerns, Health Issues, Medication)

Information collected and retained is confidential. If you wish to limit the collection of information or view your child's information, please contact the church office.



High River Baptist Church Youth Registration Form



Permission Form 2024-2025

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Participation, Medical Treatment, Information Collection, and Liability Waiver

I, the parent or legal guardian, give permission for my child(ren) to attend and participate in activities at High River Baptist Church, to have their attendance recorded for church ministry purposes, and to receive medical treatment, if necessary, in the event I cannot be reached. I give permission to the staff to secure the services of a licensed physician to provide necessary care, including anesthesia, for my child(ren)'s well-being. I also release and agree to hold harmless High River Baptist Church and all its participants from all liability. I assume all risk of injury, damage, or expense as the result of participation in the activities at High River Baptist Church.

Yes, I, the parent/guardian, have read the above *Participation, Medical Treatment, Information Collection, and Liability Waiver* and agree to it, giving my child(ren) permission to participate.

Permission for Use of Photos of Your Child(ren)

I, the parent or legal guardian, give permission for High River Baptist Church to use photos of my child(ren) taken while participating in activities at High River Baptist Church in its publications including the church's website, social media, video screens, in classrooms, or on bulletin boards. No identifying information will be posted.

Yes, I, the parent or legal guardian, have read the above *Permission for Use of Photos of Your Child(ren)* and give permission to use photos of my child(ren).

No, I, the parent or legal guardian, do not give permission to use photos of my child(ren).

Youth (Grade 7-12) Off-Site Consent

I, the parent or legal guardian, give permission for my child(ren) to participate in off-site activities conducted by the High River Baptist Church youth group.

Yes, I, the parent or legal guardian, have read the above *Off-Site Consent* and give permission for my child to participate.

No, I, the parent or legal guardian, do not give permission for my child to participate in off-site activities.

Signature of Parent/Guardian

Print Name	Signature	Date
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