

Information and Consent Form

REGISTRATION, AUTHORIZATION, AND MEDICAL CONSENT:

Information received is confidential and is being gathered for the purposes of better serving you and your family while in the care of Bethel. Any medical information collected here serves to assist and authorize Bethel, including its staff and volunteers to obtain medical assistance for your child in the event of an emergency.

*A REQUIRED RESPONSE:

*Student Name: _____ *Date of Birth: _____
(MM/DD/YY)

*Grade: _____ Student Cell #: _____ Student Email: _____

*Health Card #: _____

*Parent(s)/Guardian(s) Name: _____

*Phone Number: _____ Parents' Work: _____ Cell #: _____

*Address: _____ Town: _____ Postal Code: _____

In case of an emergency,

*Contact Name: _____ Contact #: _____

Does your child have any allergies, physical, emotional, mental, behavioural concerns or limitations that our staff/volunteers should be aware of?

☐ Yes ☐ No If "yes," please explain/list: _____

*Does your child have any dietary restrictions?: ☐ Yes ☐ No

If yes, please explain so that meal arrangements can be made when necessary: _____

I/we, (name): _____, the parent(s)/guardian(s) of (child's name): _____, by signing below, authorize one of the Bethel's Ministry Staff/volunteers to sign a consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedures for the child named above in an emergency situation.

I/we, undertake and agree to indemnify and hold blameless the Ministry Staff/volunteers of Bethel Pentecostal Church, their Pastors and 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 Bethel, as well as of any medical treatment authorized by the supervising individuals representing the church. This consent and authorization is effective only when participating in activities of Bethel from the date signed through to September 30th 2020.

I/we have read, understood, and agree with the above:

*Signature: _____ Date: _____

Promotional Consent

Please keep me informed of Jr High events using the email address and /or cell number below.

Parent(s)/Guardian(s) Email Address: _____

Parent(s) Guardian(s) Cell Number : _____

I/we give permission for my/our child to be photographed/video recorded for use within Bethel:

☐Yes ☐No

I/we have read, understood, and give consent for the above effective from the date signed through to September 30th 2020.

*Signature _____ Date _____

Electronic Communications

Electronic communications, chats, texting, social media maybe used to communicate administrative details with youth. However, social media will not be used for the purposes of mentoring or counselling

Consent for Participation In Youth Ministries (Grade 6-12)

PLEASE NOTE:

Due to the physical nature of many of our games and activities (i.e. dodge ball, sports-like activities etc....) participation in the youth ministry of Bethel may be considered to have elevated risk.

Bethel does NOT provide transportation to any weekly event. It is the responsibility to arrange rides to youth events and home.

I/we the parent(s)/guardian(s) of (child's name): _____, signed below, give permission and consent for my/our child to attend and participate in the regular weekly programs (Jr High: Tuesdays 6:45pm - 8:30pm) at the Upper Deck Youth Centre.

I/we have read, understood, agree with, and give consent for the above effective from date signed through to September 30th 2020. By signing below, I/we also register our child named above for the youth ministry program of Bethel effective from date signed through to September 30th 2020.

*Parent/Guardian signature: _____ Date: _____

If you have any questions or concerns please contact
Pastor Sarabeth @ 519-842-9401 or sarabeth@bethelpc.ca

