

Youth (Mini-Roaders & Roaders) Registration 2018-2019

(Please complete **one form per family**)

Names of Parent(s)/Guardian(s): _____

Full Address: _____

E-mail: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact Name & Number: _____

School that children attend: _____

List all children in Grade 6-12

First Name	Gender M/F	Birthdate M/D/Y	Grade in Fall	Allergies
1. _____				
2. _____				
3. _____				
4. _____				

SOCIAL MEDIA, TEXT AND E-MAIL: Sometimes, communication regarding youth events or schedule changes is part of our King Road MB Church youth ministry.

I, _____ authorize that King Road MB Church youth leaders may contact my children
 (parent/guardian signature) (age 13-18) listed on this page by social media, text and e-mail.

PHOTO RELEASE: We enjoy taking photos of the youth. These photographs may be used in various ways, including but not limited to: bulletin boards, gifts to youth and families, web-site updates, and future promotion material. I, _____ authorize that photographs may be taken of my children listed on this page.
 (parent/guardian signature)

Dear Parent/ Guardian,

Throughout the year (**September 2018 to August 2019**), the leaders of King Road MB Church youth ministry will have planned activities that involve leaving the premises of the church.

They may travel by church bus or in personal vehicles.

As a church, we are committed to providing as safe events as possible, and ask that you assist us in this regard by completing this permission form. Any questions can be directed to Edgar Wiens or Melissa Thielmann (604-864-0030). Thank You.

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At King Road, "We envision a growing church of caring, adventurous Christ followers, who are enjoying a deepening relationship with God and reaching their friends, neighbours and world for Him."

I _____ give all children listed on other side permission to leave the premises of the
Print Name of Parent/Guardian
church and be driven by bus or vehicle for ALL youth events throughout the year; Sept. 2018 to Aug. 2019.

Signature of Parent/Guardian

Date

GENERAL RELEASE AND HOLD HARMLESS AGREEMENT – MINOR
For ALL activities starting September 2018 to August 2019

I, _____, am the parent or legal guardian of
_____ (the "minor"- name all), who desires to participate in
various programs, events or activities (hereinafter collectively referred to as the "Activities") operated by King Road MB Church
on-site for the year Sept. 2018- August 2019.

I understand and acknowledge that King Road MB Church will not allow the minor to participate in the Activities without releasing and holding King Road MB Church harmless from any liability arising out of participation in the Activities. I understand there may be risks involved in the minor's participation in the Activities and fully assume such risks on his or her behalf.

I REQUEST THAT KING ROAD MB CHURCH ALLOW THE MINOR TO PARTICIPATE IN THE ACTIVITIES, AND IN CONSIDERATION THEREOF AGREE HEREBY TO RELEASE AND FOREVER DISCHARGE KING ROAD MB CHURCH, ITS OFFICERS AND DIRECTORS, AND ITS EMPLOYEES, AGENTS AND ANY PARTIES VOLUNTEERING ON BEHALF OF THE CHURCH FROM ALL ACTIONS, CAUSES OF ACTION, INJURIES, CLAIMS, DAMAGES, COSTS OR EXPENSES OF ANY KIND GROWING OUT OF OR RELATED TO ANY SUCH ACTIVITIES IN WHICH THE MINOR PARTICIPATES. I UNDERSTAND THAT THIS IS A FULL AND COMPLETE RELEASE OF ALL INJURIES AND DAMAGES WHICH I OR THE MINOR MAY SUSTAIN AS A RESULT OF HIS OR HER PARTICIPATION IN ANY OF THE ACTIVITIES, REGARDLESS OF THE SPECIFIC CAUSE THEREOF.

I further acknowledge and agree that I have given my consent for the minor to participate in the Activities and to remain in the custody of King Road MB Church representatives while participating in the Activities.

This agreement is binding on all minor's heirs, successors and personal representatives.

Signature of Parent/Guardian

Date

MEDICAL TREATMENT AUTHORIZATION AND POWER OF ATTORNEY

In the event the minor suffers an injury or condition during his or her participation in the Activities, including transportation to and from the Activity, which may endanger his or her life, cause disfigurement, physical impairment, or undue discomfort if medical treatment is delayed, and reasonable attempts to contact me have been unsuccessful, I hereby appoint eligible members of King Road MB Church leadership team as my agent(s) to act for me and in my name (in any way I could act in person) to make any and all decisions for the minor concerning his or her personal care, medical treatment, hospitalization and health care. This power of attorney and delegation of authority shall terminate when the agent is first able to contact me.

1. Minor's name: _____ Age: _____ Medical # : _____

Special medical allergies, chronic illness or other conditions: _____

2. Minor's name: _____ Age: _____ Medical # : _____

Special medical allergies, chronic illness or other conditions: _____

3. Minor's name: _____ Age: _____ Medical # : _____

Special medical allergies, chronic illness or other conditions: _____

4. Minor's name: _____ Age: _____ Medical # : _____

Special medical allergies, chronic illness or other conditions: _____

Family Doctor: _____ Doctor's phone: _____

Signature of Parent/Guardian

Date