

Central Presbyterian Sr. Youth Ministry September 2009 to August 2010

Activity Program Waiver, Driver Release and Medical Release Forms

Central Presbyterian Church
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Group: Youth Ministry
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This registration form for the year of September 2009 to August 2010 must be filled out and signed for each youth who attends any youth programs organized by Central Presbyterian Church.

The programs include:

1. Senior Youth group meetings at the church as well as in family homes
2. Socially planned events at the church or in the community
3. Ministry opportunities: where we are involved at the church or in the community

Full name of Participant: _____

Birth date: _____

Full Address: _____

Parent/guardian/caregiver name(s): _____

Home/residence phone: _____ Cell phone: _____ Work phone: _____

Does participant have severe allergies or other medical condition that leaders should be aware of; Yes__ No__

If yes, please list and explain _____

Following the Leading with Care document implemented by the Presbyterian Church in Canada, all reasonable precautions for the safety and health of the participant will be taken. He or she will be properly supervised in activities and when transported by staff and volunteers of the youth ministry. All staff and volunteers responsible for the transportation of youth should avoid driving them when alone. I understand that the staff and volunteers of Central Presbyterian youth ministry go through a screening process whereby they are required to provide a police check, reference check, driver and insurance information confirming their full licence and a minimum of \$1 million dollar liability insurance coverage.

In the event of accident, injury, sickness or death Central Presbyterian Church Youth Ministry, its staff and volunteers are released from any liability. In the event of injury requiring medical attention, I authorize treatment for the participant and understand that reasonable attempts will be made to contact me (or resident staff), should such a situation occur.

I, _____ authorize the participation in youth programs for, the driving of and the medical attention to
(Parent/guardian/caregiver)

_____ by the staff and volunteers of Central Presbyterian Church Youth Ministry.
(Full name of youth)

Participant's Health card number: _____

Participant's Family Physician: _____ Phone: _____

Contact person (not parent) in case of emergency and parents/guardians/caregivers cannot be reached:

Name: _____ Phone: _____

Name: _____ Phone: _____

Parent/Guardian Signature: _____

Parent/Guardian Name (Print): _____

Please note: for special events, day trips and weekend camps separate permission and driver forms must be filled out.

Central Presbyterian Youth Ministry

Photo/Video Parental Permission Form
September 2009 to August 2010

Here at Central we like to remember events and activities that help influence our young people's lives. One way we accomplish this is by taking photos and videos of our youth group. By signing this form you are granting permission that your child will be photographed or video taped and included in a data CD of pictures throughout the year.

1. I give permission to have my child photographed or video recorded during youth ministry events.
2. I give permission for my child to be photographed or recorded on video for promoting the youth ministry. I understand that this includes the following:
A memory scrapbook; a bulletin board display; power point slides (excluding the website).
3. I give permission to have my child's photo or recorded video used during the worship at Central Presbyterian Church. I understand that this includes the following: drama presentations, slides shows, and video clips.
4. I give permission to have my child's photograph or video recording to be included in a picture CD.
5. I give permission for my child to receive one of the Youth Picture CDs.
6. I understand that this means my child will use the Picture CD respectfully

Youth Name: _____

By signing, I, _____ grant permission for my child's photo or video to be used in the above described manner.

Signature of Parent, Guardian, Caregiver

Date