

Youth 1	Youth 2
<b>Information</b>	<b>Information</b>
<b>Name:</b> _____	<b>Name:</b> _____
<b>Birthdate</b> (mm/dd/yyyy): _____ / _____ / _____	<b>Birthdate</b> (mm/dd/yyyy): _____ / _____ / _____
<b>School:</b> _____ <b>Gr:</b> _____	<b>School:</b> _____ <b>Gr:</b> _____
<b>Allergy/Health Concerns:</b> _____	<b>Allergy/Health Concerns:</b> _____
<b>Email Address</b> (if Applicable): _____	<b>Email Address</b> (if Applicable): _____
<b>Cell #</b> (if applicable): _____	<b>Cell #</b> (if applicable): _____
<b>Came with:</b> _____	<b>Came with:</b> _____
<b>Attends:</b> (circle one) <b>Sr. High</b> (Wed) <b>Jr. High</b> (Thurs)	<b>Attends:</b> (circle one) <b>Sr. High</b> (Wed) <b>Jr. High</b> (Thurs)
I/We give consent for the Westwood Youth staff, paid and volunteer to contact my student by text, phone, email, ministry approved social media, etc. Parent/Guardian initials: _____	I/We give consent for the Westwood Youth staff, paid and volunteer to contact my student by text, phone, email, ministry approved social media, etc. Parent/Guardian initials: _____

**Youth 3 Information**

**Name:** \_\_\_\_\_ **Birthdate**(dd/mm/yyyy): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**School:** \_\_\_\_\_ **Gr:** \_\_\_\_\_

**Allergy/Health Concerns:** \_\_\_\_\_

**Email Address**(if Applicable): \_\_\_\_\_ **Cell #** (if applicable): \_\_\_\_\_

**Came with:** \_\_\_\_\_ **Attends:** (circle one) **Sr. High** (Wed) **Jr. High** (Thurs)

I/We give consent for the Westwood Youth staff, paid and volunteer to contact my student by text, phone, email, ministry approved social media, etc. Parent/Guardian initials: \_\_\_\_\_

**\*\*\*Continued on Reverse\*\*\***

## Parent/Guardian Contact Information

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone # \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Family Email Address: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

I give my consent to receive email in regards to Westwood Youth.     **Yes**     **No**

Address: \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ PC: \_\_\_\_\_

Doctor Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

### **Emergency Contact** (other than Parent/Guardian)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

## Consent and Signature

Parent/Guardian Name(s) (Printed): \_\_\_\_\_

Youth Name(s):(Printed) \_\_\_\_\_

I/We, the parent(s) or guardian(s) (named above), authorize one of the Westwood Church Staff or Westwood Volunteers, to seek any medical treatment deemed necessary for my youth(s) (named above) well-being.

I/We also authorize Westwood Church to take pictures of my youth(s) for promotional material. Photographs and video footage of youth can be used in the future. If you do **NOT** wish your youth picture to be taken please indicate under your signature.

I/we, the parent(s) or guardian(s), undertake and agree to indemnify and hold blameless the pastoral staff, church staff, ministry volunteers, Westwood Church, and the Board of Elders from and against any loss, damage, or injury suffered by the participant as a result of being a part of the activities of Westwood Church, 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 events of Westwood Church.

I/we have read, understood and agree with the above and sign it to cover all Youth Ministry activities for the program year, effective from the date of signing until September 30, 2021.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Office Notes:**

- Assigned Life Group \_\_\_\_\_
- Picture Taken