

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

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), give permission for my child/children to participate in Westwood Youth Ministry activities. I hereby give church personnel the authority to act on my behalf in case of an emergency and authorized medical treatment for my child/children if necessary and I cannot be reached (Parent will be notified ASAP). I understand that I am financially responsible.

YES - I/We authorize Westwood Church to take pictures of my child/children (named above) for promotional material. Photographs and video footage of child/children can be used in the future.

NO - I/We do **not** authorize our child/children's photos to be used for promotional material.

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 Westwood Youth Ministry activities for the program year, effective from the date of signing until September 30, 2022.

Signature: _____ Date: _____

Office Notes:

Assigned Life Group _____

Picture Taken