

Youth Program Registration and Consent Form

Information received is confidential and is being gathered for the purposes of serving your Child while in the care of "Rooted – Humboldt Youth Group" (Rooted – HYG). Any medical information collected here serves to authorize "Rooted –HYG", and its Staff and Volunteers, to obtain medical assistance in emergencies. This form should be completed annually by the Parent / Care Giver.

Student's Name _____ Date of Birth _____

Address _____

Phone Number _____ Health Card Number _____

Allergies _____

IN CASE OF EMERGENCY

Parent / Guardian #1 _____ Phone: _____

Parent / Guardian #2 _____ Phone: _____

Consent

1.	Does your Child have any physical, emotional, mental, behavioural concerns or limitations that staff should be aware of? If yes, please explain	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Is your Child bringing any medication with him/her? If Yes, please list	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	I/we grant permission for the reasonable use of pictures containing your Child in any or all of the following ways: Social Media Networks Newsletters Church prayer card / Sponsor Website	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Communication: I grant permission for Youth Program Personnel (staff and volunteers, and other students) to communicate with your Child via. Discord App (rated 17+) Text Messaging PH #: _____ Email: _____ Social Media Networks	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Parent communication: I grant permission for Youth Program Personnel (staff and volunteers, and other students) to communicate with me Phone Number: _____ Email: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	I/we grant permission for the youth program personnel to share information to the local church for purpose of prayer support / prayer sponsor. See image below of sample prayer sponsor card.	<input type="checkbox"/> Yes <input type="checkbox"/> No