

# 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: <div style="margin-left: 40px;"> Social Media Networks  Newsletters  Church prayer card / Sponsor  Website </div>	<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. Text Messaging PH #: _____  Email: _____	<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

	<p style="font-size: 24px; margin: 0;"><b>Name</b></p> <p style="font-size: 10px; margin-top: 20px;">           Birthday:            Grade:            Family Info:            Home Church:            Hobbies:            Prayer Requests:         </p>			
--	--	---	--	--

**Purposes and Extent**

The safety of your Child is our primary concern. Precautions will be taken for their well-being and protection. "Rooted - HYG" is collecting and retaining this personal information for the purpose of enrolling your child in our programs, to assign the student to the appropriate classes, to develop and nurture ongoing relationships with you and your child, and to inform you of program updates and upcoming opportunities at our organization. This information will be maintained indefinitely as it is a requirement of our insurance company and legal counsel. If you wish "Rooted - HYG" to limit the information collected, or to view your child's information, please contact us.

**Parent / Guardian Options**

I have read, understood and agree with above and sign it to cover all Youth Program activities for the program year effective as stated below. A separate Informed Letter of Consent will be sent home for off-site activities and activities of elevated risk.

I/we, named below, undertake and agree to indemnify and hold harmless Program Personnel, "Rooted - HYG", and its leaders from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of "Rooted - HYG", as well as of any medical treatment authorized by the supervising individuals representing organization. This consent and authorization is effective only when participating in or traveling to events sponsored by "Rooted - HYG".

Parents'/Guardian Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Parents'/Guardian Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

This permission form is effective from date signed to June 30, 2025