

2020/2021

Participant Information

Registration Form

for Ellerslie Youth Ministry

Name			
Birthday (D/M/Y)/_	/ Age Grade	e School	Gender
Address			
Phone (home)	Phone (cell)	Email	
Any Allergies, special need	ds, or medical concerns?	□ NO □ YES	
If Yes, please explain			
Will medication be brought	to youth? □ NO □ YES	If yes, please ask for a Med	ication Information Form.
Alberta Health Care # Guardian Information			
Guardian 1		Relationshi	ip
Phone #	Email		
Guardian 2		Relationsh	nip
Phone #	Email		
		d share the excitement of youth will assume this is permissible.	n group with others. Unless
and connecting. Other forms in writing to the church office,	of documentable electronic we will assume these are p		
private vehicles. In the event volunteers to obtain services I recognize that there are risk risks include, but are not limit inherent in in-person activities or indemnify Ellerslie Road Bany action. I do hereby releas representatives thereof from a property damage and expens	of an emergency and medic for treatment as deemed no is inherent in online activities ed to: cyberbullying, screen is including the potential spreaptist Church, its instructors se, forever discharge and agany and all liability claims on ses of any nature whatsoever	cal treatment is required, I give ecessary if I cannot be contacted by the contacted are capturing, and zoom hijacking ead of the novel coronavirus, Coronavirus, Coronavirus, Coronavirus, Coronavirus, Ellerslie of demands for personal injury, ser which may be incurred by my	ed in a reasonable amount of time. with Ellerslie Youth, some of these . I recognize that there are risks COVID-19. I waive, hold harmless, ssors, heirs and assignees from Road Baptist Church and the
Parent/Guardian Printed		t/Guardian Signature pad Baptist Church	Date