

YOUTH MINISTRY  
REGISTRATION FORM  
2024-2025

*Southgate Alliance*  
CHURCH

This form is for activities at Southgate Alliance Church, in the School fields, and at the Circle K next to the church. Information received is confidential and is being gathered for the purposes of serving your Student while in the care of Southgate Alliance Church. Any medical information collected here serves to authorize Southgate Alliance Church, and its staff and volunteers, to obtain medical assistance in emergencies.

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

Student's Phone \_\_\_\_\_ Student's Email \_\_\_\_\_

Health Card Number \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

Allergies \_\_\_\_\_

Parents/Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Parents/Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Alternate Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Does your student have any physical, emotional, mental, behavioural concerns or limitations that staff should be aware of?  Yes  No

If yes, please explain:

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Is your student bringing any medication with them?  Yes  No

If yes, please list.

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The safety of your student is our primary concern. Precautions will be taken for their well-being and protection.

I/we, the parents or guardians named below, authorize Southgate Alliance Church or one of Southgate Alliance Church's Ministry Personnel to sign a consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedures for the participant named above if they are unable to reach us or our emergency contacts.

I/we, named below, undertake and agree to indemnify and hold harmless Ministry Personnel, Southgate Alliance Church, 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 Southgate Alliance Church, as well as of any medical treatment authorized by the supervising individuals representing Southgate Alliance Church. This consent and authorization is effective only when participating in events sponsored by Southgate Alliance Church.

### Communication

Please sign below to grant permission for Youth Program Ministry Personnel (staff and volunteers) and/or Church Leadership to communicate with your student via telephone, email, social media and text:

- |   |  |
|---|--|
| <input type="checkbox"/> Phone (home / work / cell) | <input type="checkbox"/> Email                 |
| <input type="checkbox"/> Text messages              | <input type="checkbox"/> Social Media Networks |

### Photos

Please sign below to grant permission for the reasonable use of pictures containing your student in any or all of the following ways:

- |   |  |
|---|--|
| <input type="checkbox"/> Brochures/Promotional material | <input type="checkbox"/> Southgate Alliance Church |
| <input type="checkbox"/> Website                        | <input type="checkbox"/> Newsletters               |
| <input type="checkbox"/> Videotaping                    |  |

### Purposes and Extent

Southgate Alliance Church is collecting and retaining this personal information for the purpose of enrolling this student in our programs, to assign the student to the appropriate classes, to develop and nurture ongoing relationships with you and this student, 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 Southgate Alliance Church to limit the information collected, or to view this student'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 Letter of Informed Consent will be sent home for off-site activities (beyond the school fields and Circle K) and activities of elevated risk.

Parent Signature \_\_\_\_\_

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

This permission form is effective for one year from this date of signature.