YOUTH RELEASE & PERMISSION FORM

GREENDALE MB

ILL MINISTRIES

PERSONAL INFORMATION

STUDENT

Full Name: _____ Gender: ☐ Male ☐ Female

Grade in Fall: _____ BC Care Card # _____

Address: _____ Postal Code: _____

Date of Birth _____ Email: _____

MM/DD/YYYY

PARENT/GUARDIAN

Full Name: _____

Email: _____ Phone: _____

Full Name: _____

Email: _____ Phone: _____

EMERGENCY CONTACT *(non-parent but local)*

Full Name: _____

Email: _____ Phone: _____

MEDICAL HISTORY

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

Check the following areas of concern for this student. If necessary, add another page with details:

For your child's safetey and our knowledge, is your student a

☐ good swimmer ☐ fair swimmer ☐ non-swimmer

Does your child have allergies? If yes, please list: _____

Does your child suffer from or ever experienced, or is being being treated currently for any of the following:

☐ asthma ☐ epilepsy/seizure disorder ☐ heart trouble ☐ diebetes

☐ frequent upset stomach ☐ physical handicap ☐ other _____

Pictures containing your child may be posted on social media posts. If you wish to not have your child's picture posted, please contact the youth pastor.

For your information, we expect each student to conform to these rules of conduct:

No possession or use of alcohol, drugs
No students may be a designated driver for youth events
No fighting, weapons, fireworks, lighters, or explosives
Participation with the group is expected
Respect property
Respect one another, staff, and adult leaders
Respect and comply with event schedules

Students who fail to comply with these expectations may be sent home at their parents' expense.

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct.

Student signature _____ Date _____

Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, roller-skating, rollerblading, games in the park, soccer, volleyball, softball, baseball, hiking, biking, concerts, Bible studies, hayrides and off-site day events. Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the church youth pastor prior to that event. Information collected in writing will be used for this youth ministry and may be used for future contact in connection with the Greendale MB Church to keep you informed of the available program options. Still or motion video format may be used for the purposes of youth ministry and may be used for the church program purposes.

Please note that any overnight trips and retreats will require their own consent forms.

This consent form gives permission to seek whatever medical attention is deemed necessary and releases the Church and its staff of any liability against personal losses of named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, illness, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

_____ has my permission to attend all youth activities sponsored by Greendale MB Church from **September 1, 2025 – August 31, 2026**.

Name of student

Parent signature _____ Date _____