



**2019-2020 Program Year
YOUTH PROGRAM
PARTICIPANT REGISTRATION FORM**

The purpose of gathering the information on this form is to provide leaders the information they need to facilitate the activities of the youth participating in the McClure Youth Program and to be able to respond in the event of an emergency. Please note that McClure United Church is committed to respecting the privacy of our members, their families, and our employees, by adhering to the privacy principles set forth in Schedule 1 of *The Personal Information Protection and Electronic Documents Act*. If you would like to view a copy of McClure United Church's *Privacy Policy* please contact mcclureunitedchurch@shaw.ca. This form is to be completed and signed by the youth (or parent/guardian if necessary) at the beginning of the program year and submitted on or about September 11, 2019. **It is the responsibility of the participant to notify/update the leader of any changes to the medical status as these changes occur.**

PARTICIPANT INFORMATION

Last Name: _____ First Name: _____
 Nickname: _____ Date of Birth (dd/mm/yy): _____
 Street Address: _____ Postal Code: _____
 E-mail: _____ Home phone: _____ Cell phone: _____
 Interests/Extra-Curricular Activities: _____

INFORMATION FOR MEDICAL EMERGENCIES

Provincial Health Care Number: _____ Physicians Name: _____
 Phone: _____ Does the participant have any allergies? _____
 Are there medical conditions or special needs you would like the leaders to be aware of?

 Does the participant require special care, medication or diet? No Yes _____

EMERGENCY AND PARENT/GUARDIAN CONTACT INFORMATION

Name of Contact: _____ Home phone: _____
 Other phone: _____ Work phone: _____
 Parent/Guardian Name(s): _____
 E-mail: _____ Address (if different from above): _____
 Parent/Guardian Phone: (Home) _____ (Work) _____ (Other) _____

Are there any medical, family circumstances, faith or cultural requirements that the leaders should be aware of? Please describe here or notify the leader.

MEDICAL EMERGENCY PROCEDURE CONSENT

Experience has shown that in connection with church activities there are times when illness or accident may occur and immediate surgical or medical attention is necessary. I give my permission for the leader in charge, or designate, to make arrangements for qualified surgical or medical attention for my child/ward in the event of an emergency.

Date (dd/mm/yyyy) _____ Signature of Parent/Guardian _____

PHOTO RELEASE

Throughout the year, leaders may take photos and video of youth participating in activities. These photos are typically displayed on the youth/young adult bulletin board and on the McClure Youth Facebook page at the leaders' discretion. Some may also be used in McClure United Church worship services or promotional materials. **Unless otherwise stated below, I consent to the use of images of me (or my child/ward) as indicated above.**

I DO NOT wish to have the images used as indicated above.

PARTICIPANT INVOLVEMENT

Youth leaders need your assistance from time to time in the operation of your youth's program. Please feel free to tick off one or more of the boxes below, indicating areas which you would be interested in providing assistance.

- Driving to events
 - Leading discussion at youth gathering
 - Organization & planning
 - Other _____
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CONSENT TO PARTICIPATE:

To be completed by the Parent/Guardian if the Participant is under 18 years of age: I have read and agree to the terms outlined in this Sr. Youth Participant Registration Form. I understand that participation in the McClure Sr. Youth Program is voluntary, and involves a certain degree of risk when participating in some activities. After carefully considering the risks involved, and having full confidence that reasonable precautions will be taken to ensure the safety and well-being of my (son/daughter/ward), I grant permission for my child/ward to become a member of McClure Sr. Program and participate fully in its activities.

Date (dd/mm/yyyy) _____ Signature of Parent/Guardian _____