Youth Group Registration

Name of Child: _____ Age_____

Date of Birth: _____ Grade: _____

Gender: _____ Address:_____

_____

Medical Information

Please indicate any special needs, allergies, health conditions (diabetes, behavioural concerns, etc.) or other pertinent medical or behavioural information.

We welcome children with special needs but do ask that a parent/guardian accompany them.

Please contact Christina Kozmin tghchristinakozmin@gmail.com for more info.

_____

_____

Parent or
Guardian:_____Relationship:_____

Phone: _____   Other:_____

Email_____

Secondary Contact: _____   Phone: _____

_____

Required Signatures

Permission to Participate

I, the legal guardian or custodial parent of _____,

-   Name of Child

 Give my permission for him/her to participate in **The Gathering House Youth Group**

_____ _____   _____

Name of Parent/Guardian (please print)   Date

_____

Signature of Parent/Guardian

Medical Release and Waiver

In the event that my child requires special medication, x-rays, or medical treatment, I understand that I will be notified immediately. In the event that I am not able to be contacted and my child requires immediate medical treatment, I give permission to the physician selected by The Gathering House to hospitalize and/or provide proper medical treatment to my child. I understand that this could include injections, anaesthesia, or surgery.

 Waiver

Understanding that precautions are taken for the safety and health of my child while participating in The Gathering House Youth Group, I hereby release from any liability The Gathering House, its staff and its volunteers in the event of sickness or injury incurred by my child during this program.

_____   _____

Signature of Parent/Guardian   Date

 Photos

I give permission to The Gathering House to publicly use any photos in which my child appears to highlight our events and promote future events (website, posters, displays etc.)

_____   _____

Signature of Parent/Guardian   Date

Youth Group Registration Updated Information

Please Review Every September Current Registration Form.

Update Any Changes to the Medical and Contact Information.

Updates: _____

_____

Sign and Date: _____

Updates: _____

_____

Sign and Date: _____

Updates: _____

_____

Sign and Date: _____

Updates: _____

_____

Sign and Date: _____