

# REMC Youth Registration and Waiver Form

This form is to be completed and signed by the parent/guardian and submitted to the Youth Pastor or email to [info@rosenortemc.ca](mailto:info@rosenortemc.ca)

**Partnership:** As the Youth Leader Team at Rosenort EMC Church, we want to partner with parents in mentoring their youth through the truth of God's Word and the power of God's Spirit. We want to keep you well informed about scheduled youth events and general youth program information. If you feel out of the loop regarding the youth program, please contact us so we can remedy that!

**Communication:** Each week I will send out an email reminder of the upcoming event as well as post a Facebook event (email or call me if you would like to join our Facebook group)

## TEEN CONTACT INFO

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Teen's Cell Phone #: \_\_\_\_\_

Teen's Email Address: \_\_\_\_\_

## TEEN MEDICAL INFO

Manitoba Health Reg. # (6 digit) \_\_\_\_\_ Personal Health ID # (9 digit) \_\_\_\_\_

Teen's Physician: \_\_\_\_\_ Physician's Phone #: \_\_\_\_\_

Allergies (indicate "life-threatening", "severe", or "mild")

Will your teen bring any medication (ventilator, etc.) along to regular events/field trips/overnight events?

Please explain: \_\_\_\_\_

Does your teen have any physical, emotional, mental, or behavioral concerns that we should be aware of?

Explain:

## PARENT/GUARDIAN INFO

Name(s) \_\_\_\_\_

Father's Cell: \_\_\_\_\_ Mother's Cell #: \_\_\_\_\_ Home Phone # \_\_\_\_\_

Email Address: \_\_\_\_\_

As the parent/guardian of (name of youth) \_\_\_\_\_, I give consent to his/her attendance for ALL youth events (e.g. special trips, overnight events, small group meetings, etc.) for this year. I understand that Rosenort EMC Church, its Youth Pastor (Spencer Koop), and its Volunteer Leaders will do their best to care for the safety and health of my teen, including taking reasonable precautions. I release REMC, its Youth Pastor and its volunteer leaders from any liability for incidents beyond their control or knowledge. If my child requires special medication, x-rays, or treatment, I will be notified immediately.

Parent/Guardian's Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_