

# REMC Youth - Registration Form

The purpose of gathering the information on this form is to provide leaders the information they need to facilitate youth activities and to be able to respond effectively in the event of an emergency. Please note that we are committed to respecting the privacy of your teen and that this information will only be used to best facilitate our program and care for the individual. This form is to be completed and signed by the parent/guardian and submitted to the Youth Pastor. Please notify the Youth Pastor with any future changes.

## TEEN CONTACT INFO

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

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ *Teen's* Cell Phone #: \_\_\_\_\_ (If applicable)

*Teen's* Email Address: \_\_\_\_\_ (If applicable)

## TEEN MEDICAL INFO

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

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

Allergies (indicate "life-threatening", "severe", or "mild"; ex: life-threatening bee sting allergy, severe gluten allergy, etc)

\_\_\_\_\_  
\_\_\_\_\_

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 CONTACT INFO

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

Father's Cell #: \_\_\_\_\_ Father's Work #: \_\_\_\_\_

Mother's Cell #: \_\_\_\_\_ Mother's Work #: \_\_\_\_\_

Parent/Guardian Email Address: \_\_\_\_\_

**\*\*\*Please take note of other side\*\*\***

# REMC Youth - Waiver Form

As the parent/guardian of (name of youth) \_\_\_\_\_, I give consent to his/her attendance for **ALL** youth events (ex: special trips, overnight events, small group meetings, etc.) for this year. I understand that Rosenort EMC Church, its Youth Pastor (Scott Dick), and its Volunteer Leaders (Jr. Youth – Daniela Kroeker, Derek Hildebrandt, Julian Waldner; Sr. Youth – Tim Loewen, Rachel Loewen) 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 your child requires special medication, x-rays, or treatment, you will be notified immediately.

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

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

## **Communication:**

You can find our updated schedule of events on our website @ [RosenortEMC.ca/Youth](http://RosenortEMC.ca/Youth). Each week I send out an email reminder of the upcoming event as well as post a facebook event. You can request to join our facebook group if that is your preferred method of communication!

## **Partnership:**

As the Youth Leader Team at Rosenort EMC Church, we want to partner with parents in mentoring youth through the truth of God's Word and the power of God's Spirit. We hope you will let us know if there are specific ways that we could work with you to teach and model a life of faith for your youth. Secondly, 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! Lastly, we thank you for trusting us with your teen, and we hope that this trust will continue to grow throughout the year. If you don't feel comfortable with any aspect of the youth program, please bring your feedback to our attention! We desire to keep learning and changing to serve God with our best!

## **Questions:**

Youth Pastor Scott Dick  
Cell: 712-5933 Office: 746-8519  
Email: [scott@rosenortemc.ca](mailto:scott@rosenortemc.ca)

**\*\*\*Please take note of other side\*\*\***