

**St. Thomas United Church
Junior Youth Registration Form
GRADES 4 - 6
2016/2017**

Youth Name _____

Address _____ **Postal Code** _____

Phone _____ **Email** _____

Birthdate _____ (dd /mm /yyy) **Age** _____ **Grade** _____

Alberta Health Care Number _____ **School** _____

Does the participant have any physical, cognitive, emotional or behaviour limitations/challenges that would require assistance and/or modifications to the program to enable him or her to participate fully? Yes No

If yes, please state particulars: _____

Parent's Names _____

Address (if different than above) _____ **Postal Code** _____

Phone 1) home _____ 2) cell or work _____ 3) work _____

Parent Email _____

Emergency Contact if parent cannot be reached

Name _____

Address _____

Phone 1) _____ 2) _____

Relationship _____

Please ensure that you have received and read the Note to Parents in this Registration Package.

PERMISSION FORM

I _____ the *parent/legal guardian* of _____ give my permission for my *son/daughter* to participate in those activities that are part of the St. Thomas United Church Junior Youth Group programming. Furthermore, I agree that the above information is correct to the best of my knowledge.

Signature of *parent/legal guardian* _____

May we use the email address supplied to remind you of upcoming meetings? If we may, please initial here: _____
(If, at any time, you no longer wish to receive emails, simply reply to an email mail with 'Remove me from your email list' in the subject line or call the Church Office at 403-241-0366.)

St. Thomas United Church

100 Hawkwood Blvd. NW Calgary, Alberta T3G 2S9
Phone: (403) 241-0366 Fax: (403) 547-5556 stthomas@shaw.ca www.stthomasunited.ca

PARENT APPROVAL, ACKNOWLEDGEMENT AND RELEASE FORM

Participant's Name

I/We the parents (and/or Guardians) of the above named participant, hereby give our approval and acknowledgement to his/her participation in programs offered by St. Thomas United Church between September 1, 2016 and June 30, 2017.

I/We do hereby acknowledge and agree that the participation of our child, above named, is at our sole risk and liability; moreover, we hereby release and agree to hold harmless St. Thomas United Church, the instructor, coordinator, leader or any responsible appointed adult from any and all actions, the cause of actions, claims liability and demand whatsoever arising out of or in any way related to or connected with this program without limitations.

I/We do hereby consent to any medical attention or any other care or treatment considered necessary.

Signature

Date

Witness Signature

Date

Alberta Health Care Number: _____

Please note any health problems, allergies, or special medication required:

St. Thomas United Church Photograph Release (Children/Youth)

As part of the programs at St. Thomas United Church, electronic and/or film images or video recordings may be taken of you and your child or children. These images could be used for Worship Services, group activities such as crafts and as part of our promotional materials, on our web site or on our social media page. St. Thomas United Church will not publish the name of your child or his or her personal information.

Note: Other photographs of your child may be taken as part of group activities and may be taken home by other children participating in this program. Once the images are in the possession of persons outside of St. Thomas United Church, St. Thomas is not responsible for the way the images are used.

I _____, give St. Thomas United Church (STUC) permission to use my child's image in any pictures, photos, video recordings, digital images, and the like, taken or made on behalf of STUC. Any images can be used to publicize STUC activities and the church community at large. I acknowledge that I will not receive compensation for the use of these images, and hereby release STUC from any and all claims. I waive all copyright to these images.

I give my consent to St. Thomas United Church to use my child's (children's) likeness

DATE: _____

Parent or Guardian name (print): _____

Signature: _____

Child's name(s) _____

Email: _____ Daytime Contact Number: _____

I **DO NOT** give my consent to St. Thomas United Church to use my child's (children's) likeness

DATE: _____

Parent or Guardian name (print): _____

Signature: _____

Child's name(s) _____

Email: _____ Daytime Contact Number: _____