

**St. Thomas United Church
Junior Youth Registration Form
GRADES 5 & 6
2014/2015**

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, 2014 and June 30, 2015.

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

As part of the programs at St. Thomas United Church, electronic and/or film images may be taken of you and your child or children. These images would be used for Worship Services, group activities such as crafts and as part of our promotional materials and our web site. 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 have read and understand that images of myself and/or my child/ward may be taken and recorded from time to time as part of the program in which I or he or she is participating. As parent/guardian and on behalf of my child/ward I give permission to St. Thomas United Church to take images of my child and to use these images in the above ways. I understand and agree that I and on behalf of my child/ward relinquish any and all property rights, including copyright, which I or my child/ward may have in these images. I agree that my child/ward and his or her parents/guardians will not receive any compensation for the use of the images.

Name of Child or Children: _____

Name of Person Giving Permission: _____
(Please Print Name)

Relationship to Child: _____
(parent/guardian)

Signature of Person Giving Permission:

Date: _____

Day Time Contact Number: _____