

Yorkminster Park

BAPTIST CHURCH

Child/Youth Participant Form 2020/21

Please complete form, and return to Family Ministries

(416) 922-1167 | YorkminsterPark.com

Child Name: _____ Male Female **Birthdate:** M____ D__ Year_____

Child Name: _____ Male Female **Birthdate:** M____ D__ Year_____

Child Name: _____ Male Female **Birthdate:** M____ D__ Year_____

Child Name: _____ Male Female **Birthdate:** M____ D__ Year_____

Parent/Guardian Names: 1. _____ Relationship _____

2. _____ Relationship _____

3. _____ Relationship _____

(List all people authorized by you to sign-in/out your child from Lighthouse)

Home Phone#: _____ **Cell#** _____

Primary Address: _____

City _____ **Postal Code:** _____

Parent's Email Address: _____

Youth Email Address: _____

I consent to allow Yorkminster Park Baptist Church to communicate with **me** via email and/or Facebook, Instagram regarding congregational events and information.

I consent to allow Yorkminster Park Baptist Church to communicate with my **YOUTH** via email and/or Facebook, Instagram regarding congregational events and information.

I consent to allow Yorkminster Park Baptist Church to use **photos and/or videos of my above-named child for promotional use** and general display on church bulletin boards, church website, webcast, email, Facebook, and other promotional activities.

Additional Needs, Allergies and Medical Conditions:

If your child has significant health factors or additional needs of which Yorkminster Park Baptist Church should be aware of, please describe the condition(s) below *(If you require additional space, please use back of form)*:

Parent/Guardian Emergency Contact Info

Name: _____ Home# _____ Cell# _____

Name: _____ Home# _____ Cell# _____

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As a parent/guardian of _____
And on the date of: _____ I hereby give permission for the subject of this release to be involved in the overall activities of the Yorkminster Park Baptist Church Child/Youth Ministries.

I/We understand all reasonable safety precautions will be taken at all times by Yorkminster Park Baptist Church and its agents during the events and activities. I/We authorize any treatment by an accredited hospital and /or physician deemed necessary for the subject of the release in case of an emergency. I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk. I/We agree not to hold Yorkminster Park Baptist Church, its leaders, employees, and volunteer staff liable for damages, diseases, or injuries incurred by the subject of this form.

Parent/Guardian Name: _____

Signature: _____ Date: _____

Permission to Drive/Ride (Gr.6 & above) – As a parent/guardian of _____, I give him/her permission to

- Ride in a vehicle with 18+ driver (parent to be alerted when applicable)

Please complete and return a Participant Form for each child/youth. Thank you for supporting this important procedure to help ensure safety for all children.