



Youth Group Registration 2009-10

Name: _____ Grade: _____

Address: _____

Main Phone#: _____ Cell: _____ Birthday / /
MM DD YYYY

Email _____

Medicare #: _____ Expiry Date: _____

Dad / Guardian's name: _____ Phone: _____ Cell: _____

Mom / Guardian's name: _____ Phone: _____ Cell: _____

I am interested in:

- Sports/Recreation
- Crafts
- Social events
- Service events
- Missions
- Camping/hiking

Parent(s) willing to help out with:

- Drives to and from events
- Supervision at special events
- Cooking and or buying food
- Other: _____

Occupation(s) _____

Hobbies: _____

Permission/Release

As parent or legal guardian(s) of the above-named, I/we the undersigned hereby give permission for him/her to fully participate in the activities of Allison Church Youth Group, in Moncton, New Brunswick, Canada. We recognize that these activities may include events off the church premises and may include transportation to such locations in non-church owned vehicles driven by authorized leaders and adult volunteers. In an emergency I/we hereby grant our express permission to have our child treated by licensed medical personnel if such treatment is deemed necessary by such personnel. I/we further authorize those leaders present to give permission for such treatment.

I/we do hereby release, remise and forever discharge Allison Church, its ministers, officers, trustees, employees, agents or volunteers from and against all claims, actions, causes of actions and demands for or by reason of any damage, loss, or injury to person or property which may hereafter be sustained, wheresoever and howsoever caused, arising out of, or in connection with the participation of the above-mentioned child, in the activities of Allison Church in Moncton, New Brunswick. I/we further covenant and agree to save harmless the aforementioned parties, their heirs, successors, executors, administrators and assigns from any action brought by and on behalf of the child in respect of the activity contemplated herein.

Please itemize any special medical conditions, allergies, medications or health problems that the leaders or medical personnel should be aware of:

We have carefully read and understand this permission/release form.

Signature of parent/guardian

Date

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