

New _____
Complete _____

Update _____
Missing Info _____

Recorded _____

Penticton Alliance Church
EXCURSION, MEDIA & MEDICAL RELEASE FORM (2017-18)

Throughout the year (2017-18) we will be planning various supervised youth activities in which we will be leaving the Penticton Alliance Church premises. These activities could include, but may not be limited to activities such as bowling, car rallies, tubing, skiing, field games, capture the flag, overnight conferences, out of town events, missions trips, and more. **A general excursion, media and medical release form must be completed for every student participating in our activities.**

Please complete this form and return it with your son/daughter as soon as possible so that he/she may participate with us. If you have any questions or concerns about anything, please contact George Clarke (Associate Pastor) at the Penticton Alliance Church, 250-493-7136.

I, _____ give my consent for _____
(Parent/Guardian) (Youth's Name)
to participate in the Penticton Alliance Church youth activities.

I, _____ () ACCEPT () DECLINE consent to have;
(Parent/Guardian)
photos/video/film/audio of _____ to be taken and used to
(Youth's Name)
promote the Penticton Alliance Church Youth Ministry. My child's image may be published or used in the newspaper, promotional videos, PowerPoint presentations, program brochures, posters, etc. or otherwise displayed to the public.

I understand and accept the voluntary nature of the activities and that there may be potential risks involved for those who participate. I will not hold Penticton Alliance Church or its leadership liable for accidental injury, loss, damages, and/or death arising from these activities. I understand and accept that Penticton Alliance Church leadership will not be responsible for son/daughter's well-being and safety **prior to or following** youth activities (including: transportation to and from youth group, and/or extra activities initiated by the youth after official groups events, etc.).

In case of emergency, I give my permission for my child to receive whatever medical attention is necessary.

Date: _____ Parent/Guardian Signature: _____

Print Name: _____

Family Doctor: _____

Doctor Phone: () _____

Care Card #: _____

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PENTICTON ALLIANCE CHURCH YOUTH MINISTRIES (2017-18)
Student Profile

Student Name: _____

Select one: Junior Youth (Gr. 6-8)/ Senior Youth (Gr. 9-12)

School Grade (2017-18): _____ Date of Birth: Year: _____ Month: _____ Day: _____

School Attending: _____

Mailing Address: _____

Parent/Guardian Info:

Names: Dad: _____ Mom: _____ Guardian: _____

Parent/Guardian Contact Numbers:

Cell: _____ Cell: _____ Cell: _____

Home: _____ Home: _____ Home: _____

Work: _____ Work: _____ Work: _____

***Email Address (parent/guardian):** _____

Which numbers should be called in case of emergency?

1st: _____ 2nd: _____

Additional Emergency Contact (If parent/guardian cannot be reached):

Name: _____ Relationship to family: _____

Contact number: _____

Allergies: _____

Medications: _____

Other pertinent information (ie: medical):

Notes (Office use only):