



STUDENT'S INFORMATION:

| | | | |
|--|--------|------------------------------|--------|
| Last Name: | | First Name: | |
| Cell Phone: | | GENDER (circle): Male Female | |
| D.O.B (MM/DD/YY) | | Age: | Grade: |
| AHC# | School | | |
| Work Phone: | Email: | | |
| Which Campus Do you Attend? (please circle) Airdrie / Bridgeland / Central / NW Campus / South | | | |
| Community Group already connected to or preference (please circle) Bridgeland / Cambrian Heights / Coventry Hills / Edgemont / Grade 7 at West Campus / Harvest Hills / Luxstone (Airdrie) / MacEwan Glen / Morningside (Airdrie) Northwest / Riverbend / Sagewood (Airdrie) / Sundance / Tuxedo Park / None — Please Assign | | | |
| Medical Information (Allergies/Restrictions): | | | |

Household Information

| | | |
|----------|-----------|--------------|
| Address: | | |
| City: | Province: | Postal Code: |
| Email: | Phone #: | |

PARENT/GUARDIAN INFORMATION:

Parent 1

| | | |
|---|--------|--------------------------------------|
| Relationship to student: (please circle one) Father Mother Step-Parent Legal Guardian | | |
| Last Name: | | First Name: |
| Cell Phone: | | Custody (circle): N/A Sole or Shared |
| Work Phone: | Email: | |

Parent 2

| | | |
|---|--------|--------------------------------------|
| Relationship to student: (please circle one) Father Mother Step-Parent Legal Guardian | | |
| Last Name: | | First Name: |
| Cell Phone: | | Custody (circle): N/A Sole or Shared |
| Work Phone: | Email: | |

Dear Parent/Guardian,

Centre Street Church is collecting and retaining personal information for the purpose of enrolling your student in Youth Ministries for the 2017/2018 ministry year. This information will be used to place and also allow students to participate in a Youth Community Group to develop and nurture ongoing relationships with you and your student(s) as well as to keep you informed with ministry updates and upcoming opportunities at our church. This information will be maintained permanently as it is a requirement of our insurance company and legal requirements.

~ Youth Ministries Team
youth@cschurch.ca

RISK WAIVER FORM

1. I, the parent/guardian of _____, release Centre Street Church, the Canada West EMCC District, its trustees, directors, corporation members, staff, and management from any loss, personal injury, accident, misfortune, or damage to the above named participant or his/her property, with the understanding that reasonable precautions shall be taken to ensure the health and safety of the above-named student. Alberta Health Care or equivalent medical insurance must cover each child.
2. The parents/guardians submitting this application are those having legal custody over the child. Conditions of custody, if applicable, will be fully communicated in writing to Centre Street Church, youth ministries, including a photocopy of the section of any court order referring to visitation rights.
3. The signature of the parent/guardian on this application shall give the leader(s) or staff person(s) of Centre Street Church the right to arrange for any special services or other requirements necessary for the best interest of the child and shall give the leader(s) or staff person(s) the right to approve and obtain medical attention necessary for the student's welfare and good health including ordering injection, anesthesia, or surgery. In such a situation attempts will be made to notify the parents/guardians as soon as possible. The parents/guardians are responsible for any additional expense that may result from such services.
4. I agree to permit the reasonable use of photos and videos or other such pictures of the applicant child in promoting Centre Street Church, Youth Ministries activities and programs.

Parent/Guardian's Signature:

(Please use blue or black ink to print and sign name)

(Print name)

(Signature)

DATE