

# Bayfair Youth Registration and Permission Form

When complete, please email to [plambert@bayfairbaptist.ca](mailto:plambert@bayfairbaptist.ca)

Bayfair Baptist Church is collecting and retaining this personal information for the purpose of enrolling your Child in our programs, to assign the student to the appropriate classes, to develop and nurture ongoing relationships with you and your Child, and to inform you of program updates and upcoming opportunities at our organization. Any medical information collected here serves to authorize Bayfair Baptist Church, and its Staff and Volunteers, to obtain medical assistance in emergencies. This form is to be completed annually by the Parent/Guardian.

Information received is confidential and will be maintained indefinitely as it is a requirement of our insurance company and legal counsel. If you wish Bayfair Baptist Church to limit the information collected, or to view your Child's information, please contact us.

Student's Name \_\_\_\_\_ Date of Birth (m/d/y) \_\_\_ / \_\_\_ / \_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Parent's Work # \_\_\_\_\_

Health Card # (optional) \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone # \_\_\_\_\_

Allergies \_\_\_\_\_

**In case of emergency, contact** \_\_\_\_\_

Does your Child have any physical, emotional, mental, or behavioural concerns or limitations that staff should be aware of?  Yes  No

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Is your Child bringing any medication with him/her?  Yes  No

If yes, please list:

\_\_\_\_\_  
\_\_\_\_\_

I/we, the Parents or Guardians named below, authorize the Youth Pastor, or one of Bayfair Baptist Church Youth Program Personnel to sign a consent for medical treatment and to authorize any physician or hospital to provided medical assessment, treatment, or procedures for the participant named above.

I/we, named below, undertake and agree to indemnify and hold harmless Program Personnel, Bayfair Baptist Church, and its leaders from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of Bayfair Baptist Church, as well as of any medical treatment authorized by the supervising individuals representing the organization. This consent and authorization is effective only when participating or travelling to events sponsored by Bayfair Baptist Church.

**Photos:**

Please sign below to grant permission for the reasonable use of pictures containing your Child. You may opt out of this by checking the box below:

I do not grant permission for the reasonable use of pictures containing my Child by Bayfair Baptist Church.

**Communication:**

A policy is in effect that communication is to be used solely for the dissemination of information. Please sign below to grant permission for Youth Program Personnel (staff and volunteers) to communicate with your Child via telephone, email, and text. If you do not wish your Child to be contacted this way, you may opt out by checking the box below:

I do not grant permission for Youth Program Personnel to communicate with my Child outside of official Bayfair Baptist Church Youth Events.

**Connecting Outside Regular Program Hours:**

Please sign below to grant permission for Youth Program Personnel to meet with your Child outside Friday night programming. You may opt out of this by checking the box below:

I do not grant permission for Youth Program Personnel to meet with my Child outside Friday night programming (Students under 18 will require parental permission each time).

I have read, understood, and agree with above and sign it to cover all Youth Program activities for the program year effective as stated below, A separate Informed Letter of Consent will be sent home for offsite activities and activities of elevated risk.

Parent/Guardian Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Date (m/d/y) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

This permission form is effective from September 8, 2023 to August 31, 2024.