

# YOUTH BREAKAWAY

## Individual Registration Form

Information received is confidential and is being gathered for the purposes of serving your child while in the care of Pentecostal Assemblies of Newfoundland and Labrador. Any medical information collected here serves to authorize the Pentecostal Assemblies of Newfoundland and Labrador, and its staff and volunteers, to obtain medical assistance in emergencies.

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Parent's Work Number: \_\_\_\_\_

MCP Number: \_\_\_\_\_ Allergies: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### In case of emergency, contact:

\_\_\_\_\_

Does your child have any physical, emotional, mental, 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:

\_\_\_\_\_

\_\_\_\_\_

The safety of your child is our primary concern. Precautions will be taken for their well-being and protection.

I/we, the parent(s) or guardian(s) named below, authorize a Youth Breakaway personnel to sign a consent for medical treatment and to authorize a physician or hospital to provide medical assessment, treatment, or procedures for the participant named above.

I/we, named below, undertake and agree to indemnify and hold harmless Youth Breakaway Personnel, Pentecostal Assemblies of Newfoundland and Labrador, 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 Youth Breakaway, and of any medical treatment authorized by the supervising individuals representing Youth Breakaway. This consent and authorization is effective only when participating in or traveling to events sponsored by the Pentecostal Assemblies of Newfoundland and Labrador and Youth Breakaway.

### Photos:

Do you grant permission to Youth Breakaway for the reasonable use (promotional and archival) of pictures containing your Child?

Yes  No

The Pentecostal Assemblies of Newfoundland and Labrador is collecting and retaining this personal information for the purpose of enrolling your child in Youth Breakaway. This information will be maintained indefinitely as it is a requirement of our insurance company and legal counsel. If you wish for the Pentecostal Assemblies of Newfoundland and Labrador to limit the information collected, or to view your child's information, please contact us.

### Parent/Guardian Options

I have read, understood, and agree with the above and sign it to cover all Youth Breakaway activities for 2023.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_