

Avalon Youth Retreat 2018

Individual Registration

Information received is confidential and is being gathered for the purposes of serving your child while in the care of Bethesda Pentecostal Church. Any medical information collected here serves to authorize the Bethesda Pentecostal Church, 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?
If yes, please explain: Yes No

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 an Avalon Youth Retreat 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 Avalon Youth Retreat Personnel, Bethesda Pentecostal 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 Youth Breakaway, and of any medical treatment authorized by the supervising individuals representing Avalon Youth Retreat. This consent and authorization is effective only when participating in or traveling to events sponsored by Bethesda Pentecostal Church and Avalon Youth Retreat

Photos:

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

Yes No

Bethesda Pentecostal Church is collecting and retaining this personal information for the purpose of enrolling your child in the Avalon Youth Retreat. This information will be maintained indefinitely as it is a requirement of our insurance company and legal counsel. If you wish for the Avalon Youth Retreat 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 Avalon Youth Retreat activities for 2018.

Parent/Guardian Signature _____ Date: _____

Printed Name: _____