



**Yearly Youth 2017-2018
Acknowledgment/Permission Form**

I hereby acknowledge that my child _____ is under the age of 19 years and that he/she will voluntarily participate in Sevenoaks Alliance Church (SAC) activities throughout the ministry year from September 1 to August 31. These activities may take place at SAC or at other offsite locations. I understand that my child's participation in any or all of these activities may have undesired and unanticipated consequences.

I hereby voluntarily agree to allow my child to participate in these activities and understand that by doing so I am exposing my child to inherent risks and hazards. I agree to accept all risks and hazards and to be responsible for any injury or loss which may occur as a result of participating.

I hereby authorize SAC to use media images of my child for the purposes of promotional materials, news-letters, videos and websites: Yes ___ No ___

Personal Information:

Name of Child _____ Date of Birth _____

Address _____ City _____ Province _____

Postal Code _____ Name of School _____ Grade _____

Name of Parent(s) or Legal Guardian(s) _____

Home Telephone # (s) _____ Cell Phone # (s) _____

Parent(s) or Legal Guardian(s) email _____

Medical Information:

Prescriptions/allergies/ medical conditions: _____

CareCard # _____ Family Doctor _____ Phone # _____

Personal information collected on this form is for SAC ministry use only.

I would like to receive regular ministry email updates: Yes ___ No ___

I acknowledge that it is the sole responsibility of the parent/legal guardian to drop off and pick up my child before and after ministry events.

The undersigned acknowledges that he or she has read this document, understands that their legal rights are being affected, and agrees to the foregoing.

_____	_____	_____
Signature of Parent/Legal Guardian	Print Name	Date

_____	_____	_____
Signature of Witness	Print Name	Date