



**Yearly Youth 2019-2020
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/video of my child for the purposes of promotional materials, newsletters, videos, websites, and social media: Yes ___ No ___

I hereby authorize SAC Youth Ministry personnel to contact my child via text/email/social media: Yes ___ No ___

What social media do you allow your child to interact with and do you authorize our Youth Ministry personnel to connect with them on: _____

Personal Information:

Name of Child _____ Date of Birth _____

Child's Cell # _____ Child's Email _____

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 _____

Child's email address _____

Medical Information:

Prescriptions/allergies/ medical conditions: _____

CareCard # _____ Family Doctor _____ Phone # _____

I/We, the parents or guardians named above, authorize the ministry staff of Sevenoaks Alliance Church to sign a consent for medical treatment and to authorize any physician or hospital to provide medial assessment, treatment or procedures for the participant named above.

I/We named above, undertake and agree to indemnify and hold blameless the ministry staff, Sevenoaks Alliance Church, its pastors and Board of Elders from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of Sevenoaks Alliance Church as well as any medical treatment authorized by the supervising individuals representing the church. This consent and authorization is effective only when participating in or traveling to events of the Sevenoaks Alliance Church.

Personal information collected on this form is for SAC ministry use only. Sevenoaks Alliance 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/group, to develop and nurture ongoing relationships with you and your child, and to inform you of program updates and upcoming opportunities at our church. This information will be maintained permanently as it is a requirement of our insurance company and legal counsel. If you wish Sevenoaks Alliance Church to limit the information collected, or to view your child's information, please contact us.

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