

# Youth Ministry REGISTRATION / WAIVER

## Student Information

Student's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

School: \_\_\_\_\_

Email: \_\_\_\_\_

Age

Grade

Parent Names: \_\_\_\_\_

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

( mm / dd / yyyy )

Care Card #: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Doctor's Phone  
Number: \_\_\_\_\_

I give my permission for the above-named child to join:

Name of Ministry: NLCC High School Ministry for the HSY Small Group Retreat, event on the dates of February 15th to 17th, 2019. I understand that the group will be travelling by van, car, or bus for portions of this event. I hereby release NLCC, its staff and volunteers from responsibility and liability for any injury or illness that my child may sustain during this activity. In the event of an emergency, I hereby authorize any adult leader of this activity, as agent for me, to consent to any x-ray examination, medical, dental, or surgical diagnosis, treatment, and hospital care advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital. I understand that I will be contacted as soon as possible in the case of an emergency.

Likewise, I understand that pictures and videos may be taken during this event, and I give my consent and release North Langley Community Church and its staff and volunteers to use media that includes the above-named child's image and voice in the North Langley Community Church web page and subsequent related materials without remuneration. I hold the church harmless if my authorization leads to unanticipated outcomes.

**Signature of parent or legal guardian:**

**Signature Date:**

**Print name of parent or legal guardian:**

Student Signature: \_\_\_\_\_

Student Printed Name: \_\_\_\_\_



# MEDICAL / EMERGENCY CONTACT INFO

*This information will be kept confidential.*

Do you have any medical conditions we should be aware of? If so, please explain. Yes      No

Do you take prescription drugs we should be aware of? Please specify. Yes      No

Do you have any allergies? Please specify. Yes      No

**IN THE CASE OF AN EMERGENCY, PLEASE CONTACT:** (Be sure these contacts are available during the event.)

Name: Relationship to Student:

Home Phone Cell

Name: Relationship to Student:

Home Phone Cell

*I declare by my signature below that all information is correct and I have disclosed all known medical conditions.*

Parent Signature Signature date:

## NLCC'S STUDENT EXPECTATIONS & CONDUCT

*By participating in this event you agree to abide by the following standard of conduct for the duration of the event:*

- You must remain in the areas designated for use at any given time
- When we're outside the church building (or other event facility), you must always use the buddy system—never wander off alone!
- No PDA (public displays of affection)
- There are to be no fireworks, knives, or other weapons or dangerous items brought to this event. If we find out you have them, NLCC staff or volunteers will confiscate them for the duration of the event and notify your parents.
- There is to be no smoking, no alcohol, and no illegal drugs of any kind.
- If you have any concerns or issues about this code of conduct, please contact NLCC youth staff.

Student Signature: Student Printed Name: