

WETASKIWIN CHURCH OF GOD CHILDREN & YOUTH MINISTRIES



Annual CHOG Registration Form 2019 (Ages 1 – 18)

FAMILY CONTACT INFO:

Parent(s) Guardian Names: _____

Address: _____

Parent/ Family Email: _____ Phone Number (H): _____

1. Child's Name: _____ M / F Date of Birth: _____

School Grade as of Sept 2018 _____ School: _____

Child's Health/Allergies/Learning/Other Concerns: _____

2. Child's Name: _____ M / F Date of Birth: _____

School Grade as of Sept 2018 _____ School: _____

Child's Health/Allergies/Learning/Other Concerns: _____

3. Child's Name: _____ M / F Date of Birth: _____

School Grade as of Sept 2018 _____ School: _____

Child's Health/Allergies/Learning/Other Concerns: _____

4. Child's Name: _____ M / F Date of Birth: _____

School Grade as of Sept 2018 _____ School: _____

Child's Health/Allergies/Learning/Other Concerns: _____

5. Child's Name: _____ M / F Date of Birth: _____

School Grade as of Sept 2017 _____ School: _____

Child's Health/Allergies/Learning/Other Concerns: _____



PERMISSION AND LIABILITY FOR COG CHILDREN & YOUTH MINISTRY INVOLVEMENT

I/We, _____ the parents and/or guardian of the child(ren) named on opposing page, hereby authorize Pastoral staff or one of the Approved Adult Volunteers to use their best judgement in any medical emergency and hereby sign consent for medical treatment and authorize any physician or hospital to provide medical assessment, treatment or procedures for the participant named above.

I/We the parents and /or guardians named above, undertake and agree to indemnify and hold blameless Wetaskiwin Church of God, the approved ministry staff/volunteers, it's Pastors and Board of Elders from and against any loss, damage, or injury suffered by the participant as a result of being a part of activities representing COG children.

Parent Initial: _____

PICK UP PROCEDURE

Additional Pick-up People (indicate Name & Relationship):

EMERGENCY CONTACT INFORMATION

In case of emergency the parent(s) will be notified first, please list another adult that could be contacted if needed.

Name	Relationship to Child(ren)	Phone Number
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PHOTOS/VIDEOS

Photos and videos are great way to remember and promote Children's Ministry Events, your Child(ren) may be included in photos and videos take at Wetaskiwin Church of God (COG) Children Ministry Events.

Photos/videos containing my child(ren) may be used. Parent Initial: _____

Please refrain from using any photos/videos containing my child(ren) Parent Initial: _____

PERMISSION FOR ChOG YOUTH MINISTRY INVOLVEMENT [for parents to fill in with Jr. or Sr. High youth]

Youth Ministry, is based on relationships. Part of this relationship takes place through texting, email and the use of other social media. In order to get to know the youth and share life with them; outside of youth ministry program, staff/leaders are encouraged to make contact with youth throughout the week and engage with them on a life-on life level. I/we consent to allowing youth staff and approved adult leaders to contact our child(ren) via text message, email and other social network messaging.

Parent Initial: _____

Name of Youth	Youth Email	Youth Phone Number
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Name of Youth	Youth Email	Youth Phone Number
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PERMISSION FOR ChOG YOUTH TRANSPORTATION

I/We, _____ the parents and/or guardian of the children named on opposing page, hereby authorize Pastoral staff or one of the Approved Adult Volunteers to transport our children/child to and from youth events in/around Wetaskiwin.

PERMISSION AND LIABILITY FOR ChOG CHILDREN'S MINISTRY INVOLVEMENT

I/we, _____ have read, understood and agree with the above and sign to cover all ChOG Children and Youth Ministry Activities for the program year effective as stated below

Parent Signature: _____ Date: _____