

Prairie Rose EMC Youth information/registration card (please print) Today's date:

YOUTH'S INFORMATION		
First name	Surname of youth	Nick name or preferred
Date of birth mm/dd/yyyy	Age	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
What Allergies/Special needs does your child have? (Please be specific)		
PARENT(S)/GUARDIAN NAMES		RELATIONSHIP TO THE YOUTH
First name	Surname	Mother <input type="checkbox"/> Father <input type="checkbox"/> Other <input type="checkbox"/> _____
First name	Surname	Mother <input type="checkbox"/> Father <input type="checkbox"/> Other <input type="checkbox"/> _____
YOUTH MINISTRY CARE POLICY & PARENTAL AGREEMENT		
<p>Prairie Rose Evangelical Mennonite Church believes in excellence in our entire Youth Ministry Program. It is always our endeavor to care for your youth to the best of our ability while they are entrusted to us. However, we do assume the responsibility for the care only when complete information regarding allergies and any other special needs is provided. Should situations regarding your youth change from week to week, please ensure that this is communicated directly to the Youth Leaders/Youth Pastor. At any time, we reserve the right to not admit your youth into the youth event should there be signs of any communicable disease or sickness i.e. colds etc. We reserve the right to contact you regarding youth who exhibit extreme or rebellious behavior that negatively impacts our ability to care for the youth group in its entirety. We appreciate you making sure your youth has a safe way to get to and from any/all youth functions.</p> <p>I _____ agree with and will abide by this policy. <i>(Must be signed by parent/guardian)</i></p> <p>_____ Signature _____ Date</p>		
Prairie Rose Evangelical Mennonite Church		

CONTACT INFORMATION		
Address		Home Phone
City	Postal Code	Parent/Guardian Cell Phone
Parent/Guardian Email address		
Student Email address / Cell Phone / Social Media that parent gives permission for youth leaders/pastor to use to contact student.		
Who is Authorized to pick up your youth? (must be 16 years or older) If youth can walk home please indicate that as well.		

PHOTO RELEASE	
<p>I give permission for my youth's picture or any photographic/video footage taken of my youth to be used for identification pictures for security or in other Prairie Rose EMC promotional materials for any church use. I acknowledge that these photographs will be store on the Prairie Rose EMC computer for these purposes.</p> <p>_____ Signature _____ Date</p>	

FOR OFFICE USE ONLY	
Date Received:	Received by:

INFORMED LETTER OF CONSENT
Youth Inc. (Prairie Rose Evangelical Mennonite Church Senior Youth)

Dear Parent:

We are planning activities as part of our programming that require your permission prior to participation. We have provided you the details of the activities and request that you complete and sign the permission form. The safety of your child is our primary concern. Precautions will be taken for their wellbeing and protection.

Student's Name: _____

Note: Please cross out and initial any activities you do not give permission for your child to participate in.

Date: October 17, 2019 Activity: Volunteering at Samaritan's Purse Shoe Box Store and Prayer walk

Location: Landmark Christian Fellowship – 172 Main St. Landmark, MB; and around Landmark

Transportation: Ministry Leaders and Parents will use their personal vehicles to transport students. As well, students will walk throughout the town.

Date: November 14, 2019 Activity: Singing at the Prairie Rose Apartments

Location: Prairie Rose Apartments, 219 1st Street West, Landmark, MB

Transportation: Ministry Leaders and Parents will use their personal vehicles to transport students.

Date: February 13, 2020 Activity: Visiting Senior in the community

Location: We will travel to various homes in Landmark and the surrounding area.

Transportation: Ministry Leaders and Parents will use their personal vehicles to transport students.

Date: March 12, 2020 Activity: Singing at Woodhaven Senior Apartments

Location: Woodhaven Manor, 175 Woodhaven Ave, Steinbach, MB. Also, McDonalds, 160 Highway #12 North, Steinbach, MB.

Transportation: Ministry Leaders and Parents will use their personal vehicles to transport students.

Date: March 26, 2020 Activity: Progressive Supper

Location: We will travel to various homes in Landmark and the surrounding area.

Transportation: Ministry Leaders, Parents and Other Church Workers will use their personal vehicles to transport students.

Date: April 23, 2020 Activity: Serving at Love Lives Here. Serving food to and visiting/praying with the sexually exploited and street involved people of the area. May include a prayer walk.

Location: Love Lives Here 150 Henry Ave, Winnipeg, MB; Union Gospel Mission 320 Princess St. Wpg

Transportation: Ministry Leaders and Parents will use their personal vehicles to transport students.

Date: April 30, 2020 Activity: Swimming

Location: Steinbach Aquatic Centre - 330 Park Road East Steinbach, MB

Transportation: Ministry Leaders and Parents will use their personal vehicles to transport students.

Date: May 28, 2020 Activity: Mattress Race
Location: Various locations around Landmark
Transportation: Students will walk throughout the town.

Student's Name _____

Manitoba Medical Numbers _____

Family Doctor _____ Phone Number _____

In case of an emergency, contact _____

I hereby consent to the participation of my/our child in these supervised activities.

While every precaution is taken for the safety and good health, some sports and activities carry with them the inherent risk of personal injury beyond the risks associated with many of the recreational activities at Prairie Rose EMC. I/we understand and accept these risks and agree that by allowing my child to participate in these activities, he/she may be taking part in an activity that presents the potential for personal injury.

I/we, the parents or guardians named below, authorize the Director or one of the Prairie Rose EMC's Personnel to sign a consent for medical treatment and to authorize any 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 blameless Prairie Rose EMC, its personnel, its Directors and Board from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of the Prairie Rose EMC, as well as of any medical treatment authorized by the supervising individuals representing the Prairie Rose EMC. This consent and authorization is effective only when participating in or traveling to events of the Prairie Rose EMC.

I have read, understood and agree with above.

Parent / Guardian Signature _____

Printed Name _____ Date _____