

BETHANY CHURCH MINISTRIES

Participant Registration Form

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Information received is confidential and is being gathered for the purposes of serving your Participant while in the care of Bethany Church. Any medical information collected here serves to authorize Bethany Church, and its staff and volunteers, to obtain medical assistance in emergencies.

Name of Ministry: _____

Dates / Season: _____

Participant's Name _____ Date of Birth _____

Address _____

Phone Number _____ Parents' Work Number _____

Health Card Number _____

Family Doctor _____ Phone Number _____

Allergies _____

Emergency contact (name, number) _____

Does the participant have any physical, emotional, mental, behavioural concerns or limitations that staff should be aware of?

Yes No

If yes, please explain:

Is the participant bringing any medication with him/her? Yes No

Please List:

The safety of your Participant is our primary concern.
Precautions will be taken for their well-being and protection.



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I/we, the Parents or guardians named below, authorize the Ministry Leader or one of Bethany Church Staff 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 harmless Program Personnel, Bethany Church/Camp Yukon, and it's Leaders from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of Bethany Church, as well as of any medical treatment authorized by the supervising individuals representing Bethany Church. This consent and authorization is effective only when participating in or traveling to events sponsored by Bethany Church.

Bethany Church is collecting and retaining this personal information for the purpose of enrolling your Participant in our programs and to inform you of program updates and upcoming opportunities at Bethany Church/Camp Yukon. This information will be maintained indefinitely as it is a requirement of our insurance company and legal counsel. If you wish Bethany Church to limit the information collected, or to view your Participant's information, please contact us.



I have read, understood and agree with the above.

Parent Signature _____

Printed Name _____ Date _____

Optional Media Releases:

PHOTO: In the course of activities, representatives of Bethany Church/Camp Yukon, Personnel, and participants may take photographs or otherwise record events. These photographs and recordings are sometimes used to promote Bethany Church ministries in digital and print media. Please advise us if you are willing to have your participant image and voice used for promotional purposes by Bethany Church/Camp Yukon.



_____ I give permission for the use of my participant's image or voice to be used in promotional materials by Bethany Church/ Camp Yukon.

PHONE: If your participant is of age where they have their own phone or are on social media, you may want to give permission for approved ministry personnel to contact your participant for the purposes of the activity they are signing up for. Please indicate below if you want to grant permission.



_____ I grant permission for Youth Ministry Personnel (staff and volunteers) to communicate with your Participant via telephone, email, social media and text solely for the dissemination of information.