



90-4th Street, Box 35, Lac du Bonnet, MB, R0E 1A0
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Registration Form:

Information received is confidential and is being gathered for the purpose of serving your child while in the care of Abundant Life Chapel. Any medical information gathered here serves to authorize Abundant Life Chapel, it's staff, and volunteers to obtain medical assistance in emergencies.

STUDENT INFO:

Name: _____ Date of Birth: _____
Mailing Address: _____
Email: _____ Home Phone: _____
Cell: _____ Are you on Facebook: Y/N Instagram: Y/N Twitter: Y/N

PARENT / GUARDIAN INFO:

Mother/Guardian Name: _____
Mailing Address (if different from above): _____
Email: _____ Cell: _____
Father/Guardian Name: _____
Mailing Address (if different from above): _____
Email: _____ Cell: _____

****In case of custody agreements, please include the proper form authorizing parental contacts.**

We want to do our best in keeping parents informed of what's going on at REFUGE Student Ministry.
What is the best form of communication to reach you? Please circle one of the following or fill in other:
texting, facebook, email, other: _____

EMERGENCY INFO:

Health # (6 digits): _____ PHIN (9 digits): _____
Family Dr: _____ Phone Number: _____
Allergies: _____
Does your child have any physical, emotional, mental, behavioural conditions/limitations? Y/N
If yes, please explain: _____

In case of emergency, every effort will be made to contact parent/guardian named above.
Please provide an alternate emergency contact in the event we are unable to do so.
Name: _____ Phone Number: _____

PHOTO RELEASE FORM:

I, _____ am the parent/legal guardian of _____

and hereby: - **Authorize** - **do not authorize**

REFUGE Youth of Abundant Life Chapel to use the name/image of the child named above in its public relations and communication materials created for a period of two years from date consent is signed. I realize that I may withdraw my consent in writing at any time by contacting the REFUGE Youth leadership team.

I understand that the photograph(s) may be used in a publication, print advertisement, direct-mail piece, electronic media (ie: video, internet, church website, social media, etc.) or other form of communication.

In giving my consent, I hereby release and hold harmless REFUGE Youth, Abundant Life Chapel and their agents, staff, employees, officials, representatives and contractors from any and all responsibility or liability for damage of any kind suffered in any manner whatsoever.

I hereby relinquish any and all personal or proprietary rights I may have in connection with such use. I understand that I will receive no compensation should any photograph of me be used.

Parent / Legal Guardian: _____ Date: _____

Child Signature: _____

Witness: _____ Date: _____