



LIVING HOPE CRC YOUTH PARENTAL/GUARDIAN CONSENT FORM

LH.youth Ministries is GEMS, Cadets, & LH.youth

Complete one form per child per year

I, _____, the parent/guardian of _____ hereby grant permission for my child to participate in the youth ministries of Living Hope CRC, I also understand the following:

I allow the Associate Pastor, and/or appropriate Ministry Leader/Coordinator to spend time with my child, with knowledge & confidence that they will remain safe, and always in groups of two or more when not in a public place. Anything said within these events will be kept confidential between the Associate Pastor and/or Club Coordinator and the youth participant, unless pertinent information regarding the safety of the youth, family member, or other acquaintance is disclosed, then appropriate measures will be taken according to our Best Practices Policy Manual.

I allow the qualified and screened volunteer leaders of the youth ministries to teach, mentor, and encourage my child, spending time with them in small groups.

I agree to pick up, or arrange for another means of safe transportation, for my child from each event my child attends. If, in the event that the child is not picked up, I allow the qualified leaders to arrange for rides home, regardless of gender. In the event of continual misbehavior and misconduct, I agree to pick up my child from an event immediately.

I agree to not hold Living Hope CRC responsible for any injuries, or any expenses resulting from that injury, that might occur during a youth event, whether at the church, or anywhere else involving Living Hope CRC youth activities. All precautions are taken to reduce or minimize risk.

I allow Living Hope CRC to use the identity and likeness of said child in publications to be used only by the church, for church purpose only, as well as for advertising church events, within the church.

Parent Name(s): _____ Parent signature: _____ Date: _____

Parents Emergency Contact Information:

Home Number: (____) _____ - _____

Cell Number: (____) _____ - _____

Email: _____

Other Emergency Contact Information:

Name(s): _____

Relationship: _____

Home Number: (____) _____ - _____

Cell Number: (____) _____ - _____

YOUTH PARTICIPANT'S INFORMATION:

Name: _____ Age at start of school year: _____

Birthday: _____ Home Church: _____

School: _____ Grade: _____

Home Address: _____ Postal Code: _____ City: _____

Youth's email (only for LH.youth): _____

Ministry Group (please circle): GEMS (girls gr 3-7) Cadets (boys gr 3-7) LH.youth (gr 8-12)

MEDICAL INFORMATION:

Youth's medical condition is: _____

In the event that my child experiences anything as a result of this condition, or other incurred injuries while at a youth function, I consent to have them transported to the closest medical facility (please circle):

YES NO Signature: _____ Date: _____

You and/or Other emergency contact will be notified at the earliest/soonest possible moment. Please provide your child's Health Care Card number: Health Card Number: _____

Medications used and in possession of my child are: _____

Does your child have an IEP at school? _____

OTHER INFORMATION:

All information provided will be kept in confidence and only given to leaders of each group the child is a part of. At the end of each ministry year, all information will be destroyed of properly.

If you have any questions about any of the above-mentioned ministries please do not hesitate to contact the associate pastor who oversees these ministries: pastor Adam Van Dop, adam@livinghopecrc.ca, 604.309.5858.

For more information about the ministries, go online to www.livinghopecrc.ca/youth