Westgate Alliance Church
3315 Centennial Drive
Saskatoon, SK
S7L 6V4

Ministry and Event Authorization _____

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

Student Name _____ Date of Birth _____

Address _____

Phone Number _____ Student's Cell Number _____

Heath Card Number:_____ Email:_____

Allergies _____

Does your child have any medical, physical, emotional, mental, behavioural concerns or limitations that our staff should be aware of? ❑ Yes ❑ No
If yes, please explain.

_____

Parents'/Guardian Name _____

Parent's Cell Number_____ Parent's Cell Number_____

Parent's Email: _____

In case of an emergency, contact _____

Photos

I give Westgate Alliance Church permission to use pictures of my child in the following ways. (Please cross out if you do not consent).

- ☑ Brochures/Promotional material
- ☑ Church
- ☑ Website
- ☑ Social Media

Student Ministry Activity Permission

Name and Date of Event: Youth Ministry Events including Quizzing

Description of Event: Wednesday night quiz nights, practices and other youth events

The safety of your child is our primary concern. Precautions will be taken for their wellbeing and protection.

I, the undersigned have legal custody of the student named above and have given consent for him/her to attend the events listed above that are organized by Westgate Alliance Church. I understand that there are inherent risks involved in any ministry or athletic event, and I hereby undertake and agree to indemnify and hold blameless, in all respects, Westgate Alliance Church, its pastors, Board of Elders, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur by the participant as a result of being part of the activities or events of Westgate Alliance Church, as well as any medical treatment authorized by the supervising individuals representing Westgate Alliance Church. In the event of any accident or injury, I authorize one of Westgate Alliance Church's employees of volunteers to sign consent forms for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment, or procedures for the participant named above. This consent and authorization is effective only when participating in or travelling to events or activities sanctioned by Westgate Alliance Church.

Parent/Guardian Signature _____

Printed Name _____ Date _____

Purposes and Extent

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

Westgate Alliance Church is collecting and retaining this personal information for the purpose of enrolling your child in our programs, to assign the student to the appropriate classes, to develop and nurture ongoing relationships with you and your child, and to inform you of program updates and upcoming opportunities at our Church. This information will be maintained indefinitely as it is a requirement of our insurance company and legal counsel. If you wish Westgate Alliance Church to limit the information collected, or to view your child's information, please contact us.