

# Harvest Youth Ministries Year Long Permission Form SEPTEMBER 1, 2014 – AUGUST 31, 2015

## Youth Information

FULL NAME: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ UNIT # \_\_\_\_\_  
CITY: \_\_\_\_\_  
POSTAL CODE: \_\_\_\_\_  
HEALTH CARD # \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_  
SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
FACEBOOK (circle):            YES    NO    fb.me/ \_\_\_\_\_  
TWITTER (circle):            YES    NO    @ \_\_\_\_\_

## Emergency Contact Information

NAME: \_\_\_\_\_ RELATION: \_\_\_\_\_  
PRIMARY PHONE # \_\_\_\_\_ SECONDARY PHONE # \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
FAMILY DOCTOR: \_\_\_\_\_  
DOCTOR'S PHONE: \_\_\_\_\_

DOES YOUR CHILD HAVE ANY PHYSICAL, EMOTIONAL, MENTAL, OR BEHAVIOUR CONCERNS OR LIMITATIONS THAT SHOULD BE NOTED? IS YOUR CHILD BRINGING ANY MEDICATION WITH HIM/ HER? (SPECIFY NEEDS IF ANY):

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## Consent

I/We give consent for (print name of minor) \_\_\_\_\_ to attend any Youth Ministries events being sponsored by Harvest Bible Chapel Durham Region.

I/we, the parents or guardians named below, authorize Mark Sylvester or one of the Harvest Bible Chapel Durham Region Youth Ministry Leaders 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 Ministry Personnel, Harvest Bible Chapel Durham Region, its Pastors and Elders from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of the Harvest Bible Chapel Durham Region, as well as of any medical treatment authorized by the supervising individuals representing the Church. This consent and authorization is effective only when participating in or traveling to events sponsored by the Harvest Bible Chapel Durham Region.

I/we grant permission for the reasonable use of pictures containing your child for purposes of promotion.

Harvest Bible Chapel Durham Region 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 Harvest Bible Chapel Durham Region to limit the information collected, or to view your child's information, please contact us.

I have read, understood and agree with above and sign it to cover all Student Ministry activities for the program year effective from September 1, 2014 – August 31, 2015.

*Parents'/Guardian Name (Printed)*

*Parents'/Guardian Signature*

\_\_\_\_\_

\_\_\_\_\_

*Date*

\_\_\_\_\_

The Harvest Youth Leadership team will take every possible safety precaution to prevent injury or bodily harm and every possible attempt to contact parents or guardians immediately in the event of injury or emergency.

For further questions or concerns contact,

Myles Holmes, Youth Director  
[mholmes@harvestdurham.ca](mailto:mholmes@harvestdurham.ca)  
Office: (905) 425-6425