



SWITCHLIFE

Registration Form 2011/2012

Name: _____ Phone: _____

Address: _____

PostalCode: _____ Email: _____

Age: _____ Birthday: _____ Grade: _____

School: _____

Home Church: _____

Parent or guardians Name: _____

Emergency contact #: _____ BC Medical #: _____

Any Medical concerns we should be aware of? _____

One dream that we could help make come true this year:

Who do/would you see as a spiritual mentor for yourself? And why?

(Please choose someone over 30 living in Abbotsford. May be a relative)

NAME: _____ PHONE #: _____

Parents/guardians please ensure you read this waiver with your Student.

For your information, we expect each student to conform to these rules of conduct

- No possession or use of alcohol, drugs, pornography or tobacco
- No students may drive during events
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing
- No boys in girls' sleeping quarters and no girls in boys' sleeping quarters
- Participation with the group is expected
- Respect property
- Respect one another, staff, and adult leaders
- Respect and comply with event schedules

Students who fail to comply with these expectations may be sent home at their parents' expense.

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct.

Student signature: _____ Date: _____

Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, roller-skating, rollerblading, games in the park, soccer, broomball, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, Mnt. biking, concerts, Bible studies, golfing, miniature golf, hayrides.

Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the church youth pastor prior to that event.

_____ has my/our permission to attend all youth activities
sponsored by New Life Church hereinafter the ("Church") from Sept 1st 2011 to August 31st 2012

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we agree to arrange transportation for him/her to and from any youth events and will allow youth volunteers and or staff to drive the above named student home after repeated attempts have been made to contact us. I/we understand that there may be times when one on one meetings will take place between volunteers/staff and the above named student and give permission for those to take place in accordance with Church policy. I/we also agree that to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

Parent/guardian signature: _____ Date: _____