

# SR YOUTH QUAKE REGISTRATION FORM // 2024

## GRADES 9-12

APRIL 26-28, 2024

Emmanuel Baptist Church Youth Group

**Early Bird Deadline is Feb. 15th. (\$209). You can either hand it in person or you can scan and email it to Rachel at Rachel@ebap.ca**

FIRST NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TOWN: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_

CELL#: \_\_\_\_\_

### HEALTH CARD

NAME ON CARD: \_\_\_\_\_

CARD NUMBER: \_\_\_\_\_

### PARENT / GUARDIAN

FIRST NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

### SPECIAL FOOD REQUIREMENTS

FOOD ALLERGIES OR DIETARY REQUIREMENTS:

---

---

### MEDICAL CONDITIONS / ALLERGIES / MEDICATIONS

---

---

# YOUTH QUAKE CONSENT FORM //2024

Emmanuel Baptist Church

## General Waiver:

I am attending Youth Quake with the consent of my parent/guardian. *(all minors MUST have parental/guardian consent to attend)*

I waive and release Briercrest College and Seminary of any and all liability for any injuries or illnesses incurred while at Youth Quake.

Parent Signature\_\_\_\_\_

## Media:

I grant Briercrest College and Seminary permission to use and publish photographs and/or video images of my child, or in which they may be included, for any purpose authorized by Briercrest College and Seminary, including but not limited to: website use, editorial publications, and advertising use.

Parent Signature\_\_\_\_\_

**PARENTAL/GUARDIAN WAIVER AND PERMISSION**

I \_\_\_\_\_ the legal guardian of \_\_\_\_\_ give consent for him/her to participate fully in the youth retreat. IN CONSIDERATION OF Emmanuel Baptist Church allowing me or my child to participate in the activities, I agree on behalf of myself and/or my child: TO ASSUME and ACCEPT ALL RISKS arising out of, associated with or related to my or my child's participation in the activities.

TO WAIVE and RELEASE the Emmanuel Baptist Church from any and all liability for any loss, damage, injury or expense that I or my child may suffer, or that my next of kin may suffer as a result of my or my child's participation in the activities due to any cause whatsoever. TO INDEMNIFY and HOLD HARMLESS the Emmanuel Baptist Church from any and all liability for any damage to the personal property of, or personal injury to, any third party resulting from my or my child's participation in the activities.

TO INDEMNIFY and HOLD HARMLESS Emmanuel Baptist Church from any and all claims, demands, actions, and costs for any loss, injury, damage, or expense whatsoever that might arise out of my or my child's participation in the activities. TO INDEMNIFY and HOLD HARMLESS the Emmanuel Baptist Church and all its officers, agents, servants and employees, acting officially or otherwise, from any and all actions, causes of action, claims and demands for, upon, or by reason of any injury, damage, loss, or death which may occur from any cause including, but not limited to any accident while participating individually or with others in said events.

WHEREAS, I plan to participate in the Youth Group and related activities. I hereby consent to and authorize such emergency or other medical treatment of the participant as may be deemed advisable in the event of accident, injury, or illness during the youth group activities.

Parent/guardian's signature & date

signature

date

.....

.....

# EBAP YOUTH - MEDICAL RELEASE FORM

The following form is to have the authorization for medical consent during mission trips, extended events such as camps or retreats, or times when Emmanuel Baptist Church is responsible for your student when we are in another country. The primary purpose of this form is to ensure that your child is able to receive appropriate medical attention in a timely fashion. If you have any questions or concerns regarding this form, please contact Rachel Bueckert (The Director of Student Ministries), Rob Priestley (Pastor) or Jan Smith (Church Notary Public).

## Authorization to Consent to Medical Treatment of Child

I ..... make oath and say that I am the lawful guardian of the child listed below and there are no court orders now in effect that would prohibit me from conferring the power of consent upon another person.

[name]....., born [date] ..... and residing at .....

I hereby authorize and appoint Rachel Bueckert of Emmanuel Baptist Church as my agent. My agent may consent to my child's

- Transportation by ambulance
- Examination
- X-rays
- Diagnoses
- Hospitalization
- Anesthesia
- Medication
- I do/do not authorize ..... to consent to the transfusion of blood

My agent may have access to any and all records, including but not limited to, insurance records regarding any medical services or treatment provided.

The purpose of this instrument is to give Rachel Bueckert the power and authority to consent to medical treatment for my child. This power and authority will be effective as of date:  
..... until .....

I give this consent freely and knowingly in order to provide for the child and not as a result of coercion, duress or payments by any person or agency.

Any questions or concerns regarding this authorization may be directed to me at:

NAME: .....

ADDRESS: .....

PHONE: .....

SECONDARY PHONE: .....

EMAIL: .....

In witness whereof, I hereunto sign my name at ....., Saskatchewan this  
.....day of .....