

## Annual Parent or Guardian Release/Waiver Statement

Fort Garry Mennonite Brethren Church Youth Ministry

1771 Pembina Highway | Winnipeg, MB | R3T 2G6

September 2018 – August 2019

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*Information received is confidential and is being gathered for the purposes of serving your Child while in the care of Fort Garry Mennonite Brethren (FGMB) Church. Any medical information collected here serves to authorize FGMB and its Staff and Volunteers, to obtain medical assistance in emergencies. This form must be completed annually by a Parent/Guardian.*

*Please go over the following carefully and fill out the required information. If you have any questions please contact Pastor Tyson Gross: tyson@fgmb.ca or 204 269-5940.*

I/we, the Parents or Guardians named below, authorize Pastor Tyson Gross or one of FGMB Church's Youth Ministry Volunteers 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 on this form.

I/we, named below, undertake and agree to identify and hold harmless Program Personnel, FGMB Church, and its leaders from and against any loss, damage, or injury suffered by the participant as a result of being part of the activities of FGMB, as well as of any medical treatment authorized by the supervising individual representing FGMB. This consent and authorization is effective only when participating in or traveling to events sponsored by FGMB.

### Communication:

A policy is in effect that communication is best used solely for the dissemination of information. Please sign below to grant permission for Youth Ministry Personnel (staff and volunteers) to communicate with your Child via telephone, email, social media, and text as selected below:

- |   |  |
|---|--|
| <input type="checkbox"/> Telephone (home / work / cell) | <input type="checkbox"/> Social Media Networks |
| <input type="checkbox"/> Email                          | <input type="checkbox"/> Text messages         |

### Photos:

Please sign below to grant permission for the reasonable use of pictures containing your Child in any or all of the following as selected below:

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> Social Media (Facebook and Instagram) | <input type="checkbox"/> Videotaping |
| <input type="checkbox"/> Brochures/promotional materials       | <input type="checkbox"/> Church      |
| <input type="checkbox"/> Website                               | <input type="checkbox"/> Newsletters |

### Purposes and extent:

FGMB Church is collecting and retaining this personal information for the purpose of enrolling your child in our programs, to assign the students to the appropriate activities, 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 FGMB Church to limit the information collected, or to view your child's information, please contact us.

### Parent / Guardian:

I have read, understood, and agree with the above and sign it to cover all Youth Ministry activities for the program year effective as stated. A separate Informed Letter of Consent will be sent home for off-site activities and activities of elevated risk.

Email address: \_\_\_\_\_

I grant Fort Garry MB Church youth ministry permission to send me parent email updates:

- Yes                       No

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_

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**Please fill out the following information:**

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Grade and School: \_\_\_\_\_

Full mailing address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Health Card Numbers: \_\_\_\_\_

Allergies/dietary concerns: \_\_\_\_\_

\_\_\_\_\_

**In case of an emergency, contact (name and number):** \_\_\_\_\_

\_\_\_\_\_

Does your Child have any physical, emotional, mental, or behavioural concerns/limitations that staff and

volunteers should be aware of?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your Child require medications to be brought with them to program?  Yes  No

If yes, please list: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Please note that the completion of additional waivers may be requested for special events outside of the church as required.*

*Thank you for completing the Annual Parent/Guardian Release/Waiver Statement for Fort Garry MB Church.*