

Children/Youth Program Registration Form

Argyle Road Baptist Church

(One child/youth per form – please print)

Name of Child: _____ Male: ____ Female: ____ Grade (as of Sept. 1): _____
Age (as of Sept. 1): _____ Date of Birth: Month _____ Day _____ Year _____
Address: _____ City/Town _____
Postal Code: _____ Contact Telephone: _____ Contact Email: _____
Mother's Name (or Guardian): _____ Mother's Cell: _____
Father's Name (or Guardian): _____ Father's Cell: _____
Child lives with: _____ Siblings involved at ARBC: _____
Alternate emergency contact person: _____ Phone: _____
Has your child/youth attended Argyle Road Baptist Church programs before? Yes _____ No _____
Do you give permission for your child/youth to be photographed or videotaped? Yes _____ No _____
(Photos/videos are used for "in house" activities or promo only, yearend presentations, etc.)
Does your child/youth have any special needs that we should be aware of? (Including, but not exclusive to ADD, FAS, Anger Management, one on one instruction, etc.): _____
For Children in Grade One and up only:
Does your child own a Bible of their own? Yes _____ No _____
If "no" would you like us to give one to your child? Yes _____ No _____

Parental Consent & Medical Release

I give consent for my child/youth, as named above, to attend Argyle Road Baptist Church children/youth programs and any special children/youth events which may take place off the church property. I have also read and agree with the guidelines laid out by ARBC Children/Youth Coordinators.

Sask. Health Card #: _____ Other Health ID#: _____

Medical Concerns, Allergies or Medications: _____

I (we), the parents or guardians named above, understand, in the event medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I authorize the ministry personnel of Argyle Road Baptist Church to sign 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 above, undertake and agree to indemnify and hold blameless the ministry staff, Argyle Road Baptist Church, its pastors and Board from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of the Argyle Rd. Baptist Church, 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 and from events of the Argyle Road Baptist Church.

Signature: _____ Printed Name: _____ Date: _____

Argyle Road Baptist Church is collecting and retaining the personal information for the purpose of enrolling your child/youth 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 kept on file for at least ten years, on advice of legal counsel. If you wish Argyle Road Baptist Church to limit the information collected, or to view your child's information, please contact us.