Bonavista Evangelical Missionary Church Student Ministries 2019 – 2020 Waiver

Please return completed form (Noting any necessary corrections) to Justin Fox in person or via: Email: justin.fox@bonavistachurch.ca or Fax: 403.278.4519

Student's Information	
Name:	
Gender: Grade: Birth dat	e: AB Health Care #:
Address:	Postal Code:
Home Phone:	Student's Cell Phone:
Student's Email:	
School:	Church Home (if applicable):
Medical concerns (Allergies, Chronic medical condition physical concerns or limitations):	ons that limit their activity, Significant emotional, behavioural or
Friends with (if brought by friend):	
Parents'/Guardians' Information	
Name(s):	
Email(s):	
Additional Emergency Contact a	nd Pick Up
1st Emergency Contact (name & #):
2nd Emergency Contact (name & #	*):
Privacy	
Bonavista Church, will be used for sell, rent or exchange your personal compliant with the <i>Personal Informany</i> other applicable legislation. A Bonavista Church. Contact information	sta Evangelical Missionary Church Fellowship, operating as the purposes of Bonavista Church Student Ministries. We never al information with other organizations. Bonavista Church is ration Protection and Electronic Documents Act ("PIPEDA") and copy of any signed documents will be stored securely on-site at ation will be added to Bonavista Church's mailing lists to informations and church, unless you notify us in writing.
Contact Info	
use and is used by Bonavista Chui	ectory is distributed to Bonavista Church attendees for personal rch to communicate via email, mail and phone. We authorize ontact info in the Church Directory (Yes/No):
	act info in the Church Directory, we do authorize Bonavista Church vista Church mailing lists (Yes/No):

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Authorization
I, the Student , understand that I am responsible to act in a safe and responsible fashion and obey requests to comply with safety regulations as directed by the designated leaders and drivers. I will be responsible for myself and will wear a seat-belt and not distract the driver when going to or from events. At sports events/functions, I understand it is my responsibility to obtain and wear suitable safety equipment. I will not endanger the safety of myself and others at any functions, outings, sports events or in the transportation to and from such events.
STUDENT'S SIGNATURE: DATE
Parents / Guardians of the Student:
We authorize the above named Student to participate in Student Ministries sponsored by Bonavista Church.
 We give permission to Bonavista Church Staff and/or Volunteers to contact the above named Student via phone, text, email and other forms of Social Media.
 We authorize the above named Student to be transported to and from events by transportation services utilized by Bonavista Church (e.g., charter buses, rented vehicles or personal vehicles).
 We understand that, unless we inform Bonavista Church in writing, the above named Student can leave Student Ministries activities without parental or guardian supervision.
 We understand that individual and group photos and video will be taken of the above named Student during Student Ministries activities for use by Bonavista Church and for distribution to participants unless we inform Bonavista Church in writing otherwise.
 We acknowledge that this is a youth oriented program, and understand that some risk may be involved with these activities or related transportation.
• We release Bonavista Church, the Canada West EMCC District, and their staff, volunteers, trustees, directors, corporation members and management from any loss, personal injury, accident, misfortune, or damage to the above named Student and/or his/her property, with the understanding that reasonable precautions shall be taken to ensure the health and safety of the above named Student.
• We also authorize the above named Student to be medically treated as determined appropriate by Bonavista Church staff or volunteers and authorize the Student to be transported to the nearest suitable medical or hospital facility in the event of an emergency situation that is not treatable on the scene.
REQUESTS OR NOTIFICATIONS:
PARENT(S)/GUARDIAN(S)' SIGNATURE(S) DATE AUTHORIZATION VALID UNTIL August 31, 2020, UNLESS OTHERWISE STATED.
For OFFICE USE Only: Entered in: Student Ministry Database Office Database Office Database Other Changes to Database Waiver and letter sent if new participant or info missing
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