

**Bonavista Evangelical Missionary Church
Youth Ministries
2020-2021 Waiver**

Please complete and return by mail to Church or delivering to Ministry Lead (Justin Fox) or via online submission.

Youth's Information

Name _____ Gender _____ Grade _____

Birth date _____ AB Health Care # _____ Home Phone _____

Address _____ Postal Code _____

Church Home (if applicable) _____ School _____

Email _____

Cell phone _____ iPhone? (Yes/No) _____

Parents'/Guardians' Information

Name(s) _____

Email 1 _____

Email 2 _____

Contact and Pick Up

1st Emergency Contact -- Name _____ Phone _____

2nd Emergency Contact -- Name _____ Phone _____

We understand that, unless we inform Bonavista Church in writing, the above named Youth can leave Youth Ministries activities without parental or guardian supervision.

Medical Information

List medical concerns such as mild allergies, chronic medical conditions limiting the Youth's activity, significant emotional, behavioral or physical concerns or limitations _____

Does the Youth have Severe Allergies? (Yes/No) _____ If so, provide details _____

Does the Youth require any medications that may need to be administered in the course of participating in Church activities or events (e.g., Epi-pens, puffers)? (Yes/No) _____

If YES, complete a Medical Consent Form. If Epi-pen required, complete an Anaphylaxis Emergency Plan.

I/We understand and agree that as the Parents/Guardians we are responsible to ensure that the Church has been given up-to-date and complete information regarding medical issues and medication and to complete the Medical Consent Form if the latter is required.

I/We understand that approved Church Personnel only administer medication in the event of an emergency and the Youth can no longer self-administer.

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I/We authorize the above named Youth to be medically treated as determined appropriate by Church Personnel and authorize the Youth 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.

I/We, the parent(s) or guardians named above, authorize approved Church Personnel 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 above.

Contact Info

I/We authorize Bonavista Church to add our contact info to the Bonavista Church mailing lists (Yes/No) _____

If I/we attend Bonavista Church, we authorize Bonavista Church to include our contact info in the Church Directory which is only used for personal use by Bonavista Church attendees and by Bonavista Church to communicate (Yes/No/NA) _____

Photography

Individual and group photos and videos will be taken of the above-named Youth during Youth Ministries activities for use by Bonavista Church and for distribution to participants unless Bonavista Church is informed in writing otherwise. No photographs will be tagged or labeled with the name of a Youth at any time by the Church. I/We also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

I/We understand that unless we indicate otherwise, we authorize Bonavista Church to take photos/videos of our Youth for use by Bonavista Church for in-house purposes and for distribution to participants.

I/We understand that unless we indicate otherwise, we authorize Bonavista Church to take photos/videos of our Youth for use by Bonavista Church for public purposes.

Online engagement and Social Media

I/We understand that unless we indicate otherwise, we permit the above-named Youth to:

- be contacted by phone, email, text and/or social media by approved Church Personnel;
- participate in Online groups and Social Media associated with Bonavista Church, including but not limited to online forums and video calling;
- use a webcam when participating in Bonavista Church activities and events.

I/We understand that unless we indicate otherwise, we authorize the recording of video calling sessions while the above-named Youth is using a webcam for the purpose of Security and Ministry Personnel training. These recordings will be retained permanently.

I/We are aware that content of Youth's pages or groups that are not sponsored by the Church are not within the purview of adult Ministry Personnel.

I/We understand that materials posted on Church Sponsored sites (and/or group pages) are not confidential.

One-on-One Mentoring

I/We agree that our Youth can meet for one-on-one mentoring with approved Church Personnel only when:

- sessions are in public settings
- Ministry Lead or Designate informed of time and place of meeting prior to the meeting
- Separate transportation is arranged

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Transportation

I/We authorize the above-named Youth to be transported to and from events by transportation services utilized by Bonavista Church (e.g., charter buses, rented vehicles or personal vehicles).

I/We understand that my Youth is expected to follow all applicable laws regarding riding in a motor vehicle and is expected to follow the directions provided by the driver and/or other staff/volunteers.

I/We authorize the above-named Youth to be transported one-on-one only in the case of an emergency.

Privacy & Data Retention

All information collected by Bonavista Evangelical Missionary Church Fellowship, operating as Bonavista Church, will be used for the purposes of Bonavista Church Youth Ministries. This information will be used to enroll the above-named Youth in our programs, to assign the participant to the appropriate classes, to develop and nurture ongoing relationships with you and your Youth, and to inform you of program updates and upcoming opportunities at our Church. We never sell, rent or exchange your personal information with other organizations. Bonavista Church is compliant with the Personal Information Protection Act ("PIPA") and any other applicable legislation. This information will be maintained permanently as it is a requirement of our insurance company and legal counsel. If we wish Bonavista Church to limit the information collected, or to view our Youth's information, we will contact the Church.

Authorization

I/We authorize the above-named Youth to participate in Youth Ministries sponsored by Bonavista Church.

I/We acknowledge that this is a Youth-oriented program and understand that some risk may be involved with these activities or related transportation.

I/We, named above, undertake and agree to indemnify and hold blameless the ministry staff, Bonavista 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 Bonavista 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 events of the Bonavista Church.

REQUESTS OR NOTIFICATIONS: _____

PARENT(S)/GUARDIAN(S)' SIGNATURE(S) _____

DATE: _____

Authorization is valid from the date it is signed until December 31, 2021, unless otherwise stated. This waiver replaces any previous waivers as the most current for the above-named individual

For OFFICE USE Only: Entered in Youth Ministry Database _____ Office Database _____ Other Changes to Database _____ Waiver and letter sent if new participant or info missing _____
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