

MERGE REGISTRATION FORM - 2017/2018

Please Print

Parent/Guardian Name _____

Address _____ City _____ Postal Code _____

Parent Phone Number _____ Email _____

Parent Cell Number _____

		Age	Grade	Gender
Child's Name (First & Last)	Birth date			
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School Attending _____

If your child has any allergies, medical conditions or behavioural concerns that we should be aware of please list so that we can more effectively minister to your child:

Please sign and date forms below:

St. Albert Alliance Church is collecting and retaining this personal information for the purpose of enrolling your student in Merge, to assign the student to the appropriate classes, to develop and nurture ongoing relationships with you and your student, and to inform you of program updates and upcoming opportunities at our church. This information will be maintained permanently as it is a requirement of our insurance company and legal counsel. If you wish St. Albert Alliance Church to limit the information collected, or to view your student's information, please contact us.

I/we, the parents or guardians named above, authorize the Merge Ministry Staff 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.

I/we, named above, undertake and agree to indemnify and hold blameless the Merge Student Ministry Staff, St. Albert Alliance Church, its Pastors and Board of Elders from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of the St. Albert Alliance 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 Merge Student's Ministry of St. Albert Alliance Church.

Signature of Parent/Guardian _____ Date _____



WEBSITE MEDIA RELEASE FORM

In order to post a person's image in photographs, video footage, or use their voice in audio media for the purpose of publishing online, in print or in other electronic media formats, written permission is required. To give your consent to the aforementioned, please complete the form below:

I, _____, give consent to St. Albert Alliance Church to use my child's image in photographs, video, and voice in audio recordings for the purpose of publicizing and advertising congregational life programs and other church-related ministries – on the church website (www.staalliance.org), any other church-subscribed host sites (such as www.vimeo.com) and other print or electronic media. I authorize the use and reproduction or such media by St. Albert Alliance Church and anyone authorized by St. Albert Alliance Church without compensation to me/my child. All of these photographs, video, and audio recordings shall be the property, solely and completely, of St. Albert Alliance Church.

Child's Name (print): _____

Signature of Parent/Guardian _____ Date _____