

TEAM D REGISTRATION FORM



Please Print
* **Required Field**

Student's Name _____

Date of Birth (m/d/y) _____ Age _____ Grade _____

HPP, initial if yes _____ **HPP (Has Parent's Permission) – Please initial if your **Grade 5/6 student** has permission to be released from Team D at the end of the night without an adult present.

Any allergies or medical conditions we should be aware of? If so, please list them: _____

Is there anyone who does not have permission to pick up your child (i.e. custody concern)? _____

Parent/Guardian Name _____

Address _____

Phone Number _____ Email _____

Cell Number (in case we need to contact you during Team D) _____

Registration fee of \$60 due by October 1.

St. Albert Alliance Church is collecting and retaining this personal information for the purpose of enrolling your student in Xtreme Kids programs, 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 Xtreme Kids 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 Xtreme Kids 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 Xtreme Kids Children's Ministry of St. Albert Alliance Church.

Signature of Parent/Guardian

Date

ST. ALBERT
ALLIANCE
CHURCH



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

FOR OFFICE USE ONLY – TEAM D REGISTRATION/FEE

Amount: _____

Method of Payment: Cash Cheque Debit

Date Registration Received: _____

Team D T-shirts: Please indicate your child's size below:

Youth Medium (10-12) Youth Large (14-16)

Adult Small Adult Medium