

NEAC FUEL

Registration & Emergency Waiver Form (July 2020 – July 2021)

YOUTH INFORMATION		
Name	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Birthday (mmm dd, yyyy)
Contact Email	Healthcare#	
Contact #	Address	
School (Sept 2020)	Grade (Sept 2020)	

GUARDIAN INFORMATION (Emergency Contact)		
Guardian's Name	Do you attend church on a regular basis? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, the name of your church:	
Contact #	Contact Email	
1. Does your child have any medical conditions and/or allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give details: Does your child carry any medications or an EpiPen for their condition? <input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Is your child required to take any medications to control a medical/psychological condition? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give details:		
3. Does your child have any emotional issues we should be made aware of (low self esteem, loneliness, short-tempered)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give details:		
By signing this form: <ul style="list-style-type: none">I verify that the above information is accurate. (initial) _____I give permission to my child to participate in ALL EVENTS planned ON and OFF the premises at North Edmonton Alliance Church. (initial) _____I give consent to my child to use webcam & mic for FUEL online meeting and for FUEL to record online meetings. (initial) _____I understand and release the church of any responsibility for accidental injury, sickness and/or death. (initial) _____I grant the church to take and publish photo/video of my child. (initial) _____		
Name of Guardian	Signature of Guardian	Date (mmm dd, yyyy)