

Dear,  
Parents and Guardians

As part of Thompson Pentecostals Assemblies desire for a safe place for students we request each student fill out the forms below. This is to ensure that each student has the proper information about them so in case of an emergency Thompson Pentecostal Assembly (T.P.A) will be able to ensure the best care of each student. This form is for students who wish to participate in T.P.A Jr. Youth that runs Fridays from 6 pm to 8 pm.

This form is for the 2018 and 2019 school year and will need to be filled out at the start of each school year. The forms can be dropped off to T.P.A Church at 126 Goldeye or emailed to [pastorcolton@thompsonchurch.ca](mailto:pastorcolton@thompsonchurch.ca).

# T.P.A Youth Groups 2018/ 2019 School Year

## Parental/Guardian Consent Form

This consent form is to be signed only after understanding and agreeing to the information below.

### Expectations and Instructions:

I understand the following is expected of the Youth:

- To obey rules and regulations given by the Pastor/chaperones.
- To stay within their designated group at all times.
- Conduct themselves in an orderly manner.
- No weapons, drugs, tobacco or alcohol allowed.

In the event any of the above expectations or instructions are violated, I understand that I will be contacted and the student will be sent home.

We hereby waive any and all claims we might have against, and release from liability, Thompson Pentecostal Assembly and its director's, board members, employees, independent contractors, agents or representative for any personal injury, death, property damage or loss sustained by participation.

I request that the below-named youth be allowed to participate in the Thompson Pentecostal Assembly Youth Groups and I will not hold Thompson Pentecostal Assembly or their representatives responsible for liability. I agree to all of the above conditions.

Printed Name of Student: \_\_\_\_\_

Student's Signature: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Signed on this \_\_\_\_\_ day of \_\_\_\_\_, 2018.

# Thompson Pentecostal Assembly Youth

## Parent/Guardian Medical Consent Form

Note: If the applicant is under 18 years, parent or legal guardian must sign.

Youth's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Parent/Guardian Name(s): Print \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

\_\_\_\_\_

There are times when illness or accident may occur and immediate surgical or medical attention is necessary while your child is traveling with a group.

This is my permission for the Lead Chaperones in charge or designates, to make arrangements for qualified surgical or medical attention for my child/ward in the event of an emergency without the necessity of my prior approval. I understand that I will be notified by the quickest means possible in the event of an emergency.

Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If you will be absent from your normal place of residence during the period when the activity will be held, please indicate where you can be contacted.

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

## Youth's Medical Information:

Youth's Surname: \_\_\_\_\_

Given Name(s): \_\_\_\_\_

Date of Birth (mm/dd/yy): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Manitoba Medical Health Number (6 digits): \_\_\_\_\_

Personal Health Identification Number (9 Digits): \_\_\_\_\_

Does your child have any allergies: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list below:

Food: \_\_\_\_\_

Medicine: \_\_\_\_\_

Other: \_\_\_\_\_

Other medical concerns/conditions: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list:

Please list all medication (prescription and non-prescription) that the youth will be taking or bringing along):

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