

YOUTH BREAKAWAY

Individual Registration Form

Information received is confidential and is being gathered for the purposes of serving your child while in the care of Pentecostal Assemblies of Newfoundland and Labrador. Any medical information collected here serves to authorize the Pentecostal Assemblies of Newfoundland and Labrador, and its staff and volunteers, to obtain medical assistance in emergencies.

Student's Name: _____ Date of Birth: _____

Address: _____

Phone Number: _____ Parent's Work Number: _____

MCP Number: _____ Allergies: _____

Family Doctor: _____ Phone Number: _____

Emergency Contact: _____ Dietary Restrictions: _____

Does your child have any physical, emotional, mental, behavioral concerns, or limitations that staff should be aware of? ☐ Yes ☐ No If yes, please explain:

Is your child bringing any medication with him/her? ☐ Yes ☐ No If yes, please list:

The safety of your child is our primary concern. Precautions will be taken for their well-being and protection.

I/we, the parent(s) or guardian(s) named below, authorize a Youth Breakaway personnel to sign a consent for medical treatment and to authorize a physician or hospital to provide medical assessment, treatment, or procedures for the participant named above.

I/we, named below, undertake and agree to indemnify and hold harmless Youth Breakaway Personnel, Pentecostal Assemblies of Newfoundland and Labrador, and its leaders from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of Youth Breakaway, and of any medical treatment authorized by the supervising individuals representing Youth Breakaway. This consent and authorization is effective only when participating in or traveling to events sponsored by the Pentecostal Assemblies of Newfoundland and Labrador and Youth Breakaway.

Photos:

Do you grant permission to Youth Breakaway for the reasonable use (promotional and archival) of pictures containing your Child? ☐ Yes ☐ No

The Pentecostal Assemblies of Newfoundland and Labrador is collecting and retaining this personal information for the purpose of enrolling your child in Youth Breakaway. This information will be maintained indefinitely as it is a requirement of our insurance company and legal counsel. If you wish for the Pentecostal Assemblies of Newfoundland and Labrador to limit the information collected, or to view your child's information, please contact us.

Parent/Guardian Options

I have read, understood, and agree with the above and sign it to cover all Youth Breakaway activities for 2025.

Parent/Guardian Signature _____ Date: _____

Printed Name: _____