

EAST ZORRA MENNONITE CHURCH (EZMC)

Child/Youth Participant Registration & Waiver Form

FOR CHURCH RELATED ACTIVITIES

(September 1, 2026 to August 31, 2027)

This form must be completed **BEFORE** participating in programs and activities with EZMC.
Return completed form (**double sided**) to an EZMC volunteer leader,
the office or email to office@ezmennonite.ca

Key Information

Name of Child/Youth			
Date of Birth			
Name(s) of Parents/Guardians			
Address			
Phone Number #1	Name:		
Phone Number #2	Name:		
Email Address			

Email addresses are used to share program and event information, please provide the email address where you would like to receive this information

Emergency Contact Information

Emergency Contact Name			
Emergency Contact Phone		Relationship to child/youth	
Name of Family Physician		Physician Phone Number	

Health & Medical Information

Does your child/youth have severe allergies? (bee stings, food, penicillin, other drugs)	Yes		No	
If yes, please explain:				
Does your child/youth have any physical, emotional, mental or behavioral concerns or challenges that we should be aware of?	Yes		No	
If yes, please explain:				
Does your child/youth have any medical conditions we should be aware of?	Yes		No	
If yes, please explain:				

Photo/Video Permission

I am aware that EZMC may use photos/videos of my child/youth to celebrate the church family and to promote specific programs and activities. This may include websites, slideshows, bulletin boards, and the church newsletter.

If you do not agree with the above statement, provide details:

Youth Contact Method Permission (complete if child is in grade 9-12)

Youth (grades 9-12) may be contacted directly about activities and events. I am aware that my child in grade 9-12 may be contacted by email or texting by volunteers and/or pastors.

If you do not agree with the above statement, provide details:

To be completed by Youth grades 9-12:

I wish to be contacted by (check all that apply below) text or email.

☐	Text	My phone number is:
☐	Email	My email address is:
Signature of Youth:		

Waiver

- Precautions are taken for the safety and health of my child/youth, but in the event of accident or sickness, East Zorra Mennonite Church, its staff, and its volunteers are hereby released from any liability.
- In case of an emergency, I hereby give permission for the volunteers to act on our behalf, to seek and approve medical assistance, and I agree to cover the appropriate costs.
- In the event that my child/youth requires special medication, x-rays or treatment, the parents/guardians will be notified as soon as possible.
- I am aware that if an activity will occur off-site, I will be notified in advance about these activities.
- I am aware that if an overnight activity will occur, I will be notified in advance about these activities.
- Normally, transportation is not provided by EMZC volunteers. When transportation to an activity will be provided, I will be notified in advance about these details. Transportation is always provided by a screened volunteer.
- I am aware that I can choose to not have my child participate in specific activities or events.
- If any of the above information changes throughout the year, I will notify the appropriate volunteer.
- I have read and understand the information on this form.
- **I/We hereby give permission for my child/youth to participate in the in-person and online activities of East Zorra Mennonite Church and to travel to such events for the church year September 1, 2026 to August 31, 2027.**

Printed Name of Parent/Guardian: _____

Parent/Guardian Signature: _____ Date: _____

This information will be considered confidential and will only be made available to applicable EZMC Staff and volunteers.

OFFICE USE ONLY

Processing Date _____

- ____ Waiver Form Summary Entry
____ Medical Concerns/Allergy List(s) Entry
____ CENT Lay Minister notified regarding Medical Plan for Care form (if MPC is required)

Copy of Waiver/Medical Care Plan (MCP if applicable) placed in the following binder(s) and info entered as shown below:

- ____ Junior Sunday School ____ Parent email added to JSS group list
____ Info added to Medical Concerns/Allergy list entry for JSS Leaders
- ____ Junior Youth ____ Parent email added to Jr Youth group list
____ Info added to Emergency Contact List/Medical Summary
- ____ MYF ____ Parent email added to Parents and Youth Contact email group list
____ Youth email added to Parents and Youth Contact email group list (if permission granted)
____ Parent email added to Parents only email group
____ Info added to Emergency Contact List/Medical Summary