



Year Round Permission Form

Sept. 7, 2021 – Sept 30, 2022

Student First Name: _____ Last Name: _____ Gender: _____

Address: _____ Unit # _____

City: _____ Postal Code: _____

Phone Number: _____ Cell: _____

Birthday (day/month/year): _____ Grade: ____ School: _____

Student Email: _____ Instagram (yes/no): _____

Parent/Guardian(s): _____

Family Doctor: _____ Doctor's Phone Number: _____

Health Card # _____ Allergies: _____

Other medications/needs: _____

I/We give consent for (name of minor) _____ to attend any Youth ministry event being sponsored by The Gathering Church. In the event he/she is injured while under the care of The Gathering Church and its representatives and requires the attention of a doctor, I hereby consent to and will be responsible for any medical treatment as deemed necessary by a licensed physician. I/We further agree to hold the licensed physician, the medical facility, The Gathering Church and its representatives free and harmless from any claims, demands or suits for damages arising from the authorization and provision of such medical treatment. I/We understand the nature of the event and do hereby release The Gathering Church and its representatives from any liability due to accident or injury incurred on or by the aforementioned minor. I/We agree to cover all costs if my/our minor needs to be sent home from events for disciplinary reasons. I/We understand that my/our minor may be traveling in vans, cars and/or buses for event. I/We give consent for our child's image, name, and/or church work to be used in media coverage of church related events, in church, in The Gathering publications, or on The Gathering website and social media pages.

***COVID-19 update:** The Gathering Church is taking extra precautions to ensure that our facilities are clean and safe. However, it is impossible to be 100% certain that students will not be exposed to COVID-19 at or during church sanctioned events. We will do our best to maintain physical distancing during activities and we will require students to wear masks when physical distancing of two meters is not possible. Please DO NOT let your student(s) attend if they are sick and/or have symptoms related to COVID-19. If your student does test positive for COVID-19 and you suspect it was transmitted at a youth event, please contact Pastor Phil immediately so he can notify the other families. Thank you for your understanding!

Please turn over to complete and sign

Parent/Guardian signature: _____ Date: _____

Name of Parent/Guardian (print): _____

Home Phone # _____ Work Phone # _____

Other # (please specify): _____

Parent/Guardian email: _____

Representatives of The Gathering Church will take every possible safety precaution and possible means to contact parent/guardian(s) in the event of injury or other emergency.

Pastor Phil Siebenmorgen

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