



Annual Registration and Release Form

As part of the *Plan to Protect® Policy* at Jumpstart, a Parent or Caregiver shall complete an *Annual Registration and Release Form* ("ARRF") for each Child participating in our after-school program and submit it to the Team Leader, Designated Screening Personnel, or the Highland Church office at 4018 Centre B St NW, Calgary AB T2K 0W2, office@highlandchurch.ca, 403-276-9396.

Child Information				
Last Name:		First and Middle Names:		Other Name(s)/Nickname(s):
Birthdate (m/d/yyyy):				Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Street/Mailing Address:			Home Phone #:	Cell Phone #:
City:	Province:	Postal Code:	E-mail Address:	
Age and/or Grade:		School:		
Emergency Contact (please include proper custody agreement authorizations)				
Parent or Caregiver:		Cell Phone #:	E-mail Address:	
Additional Parent or Caregiver:		Cell Phone #:	E-mail Address:	
Additional Emergency Contact:		Cell Phone #:	Relationship:	
Health (to assist Jumpstart Staff and Volunteers in obtaining medical aid in emergencies)				
Family Doctor/Pediatrician:			Phone #:	
Allergies: <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please list details:				
Health Conditions: <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please list any physical, emotional, mental, behavioural concerns or limitations that Jumpstart staff and volunteers should be aware of:				
Is your Child bringing any medication with him/her? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please complete a Medication Administration Consent, obtained from the Team Leader.				

Annual Registration and Release Form

Liability Release

I undertake and agree to indemnify and hold harmless the Canadian Conference of Mennonite Brethren Churches, The Alberta Conference of Mennonite Brethren Churches, and Highland Mennonite Brethren Church, each of their leadership, staff, and volunteers from and against any loss, damage or injury suffered by my Child while participating in Jumpstart, and as a result of any medical treatment authorized by the persons supervising my Child within the context of Jumpstart.

Additional Releases

Medical Release – I authorize screened Jumpstart staff or volunteers to sign a consent for medical treatment and for any physician or hospital to provide medical assessment, treatment or procedures for my Child while participating in Jumpstart.	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	---

Pick-up Release – I authorize screened Jumpstart staff or volunteers to pick up my Child from Buchanan School and walk with him/her to Highland Church in order to participate in Jumpstart.	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	---

Photo Release – I grant permission for the reasonable use of the likeness of my Child in any or all of the following ways:

☐ Brochures/Promotional materials
 ☐ Church Building
 ☐ Newsletters
 ☐ Videos
 ☐ Website

No likeness will be tagged or labelled with the name of the Child.

Drop-off/Pick-up Release – I authorize the following person(s) to drop off/pick up my Child at Jumpstart:

Name(s):	Cell Phone #:	Relationship to Child:
----------	---------------	------------------------

Signature of Parent or Caregiver

Signature	Printed Name	Date
-----------	--------------	------

Purposes and Extent

Highland Church collects and retains this information for the purposes of enrolling your Child in our Jumpstart after-school program, to develop and nurture an ongoing relationship, and to inform you of our after-school Activities. Upon review and any required follow-up, the original document is filed indefinitely – upon recommendation by our insurance company and legal counsel - in Highland Church's CONFIDENTIAL archives. The information collected is also stored in a password-protected database. The information is accessible only to the Team Leader, Designated Screening Personnel, Leadership Team, and where required by law. If you wish to limit the information collected, or to view your Child's information, please contact Highland Church.

This ARRF is valid from date of signature until August 31, 2026 (unless otherwise stated).