APPENDIX 10 - ANNUAL REGISTRATION AND RELEASE FORM

As part of the *Plan to Protect® Policy* at Highland Mennonite Brethren Church ("HMBC"), a Parent or Caregiver shall complete an *Annual Registration and Release Form* ("ARRF") for each Child/Youth under the age of 18 or Vulnerable Adult participating in an HMBC-sponsored Ministry Activity and submit it to the Ministry Team Leader, Designated Screening Personnel, or the HMBC office at 4018 Centre B St NW, Calgary AB T2K 0W2, office@highlandchurch.ca, 403-276-9396.

Child, Youth, or Vulnerable Adult Information					
Last Name:		First and Middle Names:		Other Name(s)/Nickname(s):	
Birthdate (m/d/yyyy):				Gender:	
Street/Mailing Address:			Home Phone #:		Cell Phone #:
City:	Province:	Postal Code:	E-mail Address:		
For Minors only					
Age and/or Grade:			School:		
Emergency Contact (please include proper custody agreement authorizations)					
Parent or Caregiver/Cell Phone #:					
Parent or Caregiver's E-mail Address:					
Additional Parent or Caregiver/Cell Phone #:					
Additional Parent or Caregiver's E-mail Address:					
Additional Emergency Contact/Cell Phone #/Relationship:					
Health (to assist HMBC Staff and Volunteers in obtaining medical aid in emergencies)					
Family Doctor/Pediatrician's Name/Phone #:					
Health Insurance: (HMBC's insurance is secondary insurance only. Your medical insurance carrier will be billed for medical charges in the case of illness or injury while your Child, Youth, or Vulnerable Adult is participating in HMBC-sponsored Ministry Activities.)					
Allergies: ☐ Yes ☐ No **If yes,** please list details:					
Health Conditions: ☐ Yes ☐ No **If yes,** please list any physical, emotional, mental, behavioural concerns or limitations that HMBC Volunteers and Staff should be aware of:					
Is your Child, Youth, or Vulnerable Adult bringing any **medication** with him/her? ☐ Yes ☐ No **If yes,** please complete *APPENDIX 12 - MEDICATION AUTHORIZATION FORM*					

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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, Youth, or Vulnerable Adult while participating in HMBC-sponsored Ministry Activities, and as a result of any medical treatment authorized by the persons supervising my Child, Youth, or Vulnerable Adult within the context of HMBC Ministry Activities.		
Additional Releases		
Medical Release – I authorize screened HMBC 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, Youth, or Vulnerable Adult while participating in HMBC-sponsored Ministry Activities.		☐ Yes ☐ No
Transportation Release – I authorize screened HMBC staff or volunteers to transport my Child, Youth, or Vulnerable Adult by bus, van, or personal vehicle while participating in HMBC-sponsored Ministry Activities.		☐ Yes ☐ No
Communication Release – I authorize screened HMBC staff or volunteers to communicate with my Child, Youth, or Vulnerable Adult in any or all of the following ways: ☐ Phone ☐ Group E-mails (cc to Parent/Caregiver) ☐ Group Texts ☐ Social Media Networks		
Photo Release – I grant permission for the reasonable use of the likeness of my Child, Youth, or Vulnerable Adult 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, Youth, or Vulnerable Adult.		
Drop-off/Pick-up Release (only for Grade 2 and under) – I authorize the following person(s) to drop off/pick up my Child for HMBC-sponsored Ministry Activities: **Name(s)/Phone #/Relationship to Child:**		
Signature		
Signature of **Parent/Caregiver**	Printed Name of **Parent/Caregiver**	Date
Purposes and Extent		
HMBC collects and retains this information for the purposes of enrolling your Child, Youth, or Vulnerable Adult in our programs, to assign them to the appropriate group, to develop and nurture an ongoing relationship, and to inform you of HMBC-sponsored Ministry Activities. Upon review and any required follow-up, the original document is filed indefinitely – upon recommendation by our insurance company and legal counsel - in HMBC's CONFIDENTIAL archives. The information collected is also stored in a password-protected database. The information is accessible only to the Ministry 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, Youth, or Vulnerable Adult's information, please contact HMBC. A temporary copy of this document is maintained in the care of the Ministry Team Leader on off-site HMBC-sponsored Ministry Activities.		
This ARRF is valid from date of signature until August 31, 2027 (unless otherwise stated). A separate *Letter of Informed Consent* shall be provided by HMBC and a signed *Informed Consent* shall be submitted by a Parent or Caregiver for HMBC-sponsored Ministry Activities of elevated risk.		

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