

## FRIENDSHIP Group Registration Form Fall 2023-2024

All information is confidential

To be completed by the legal guardian on behalf of the applicant

### Applicant's Personal Information:

Applicant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender:  Male  Female Group Home / Institution: \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

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### Legal Guardian / Contact Information:

Does the applicant have a legal guardian?  No  Yes, a parent  Yes, someone else

If yes, Full Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Does the applicant have a legal trustee?  No  Yes, Full

If yes, Full Name \_\_\_\_\_ Relationship: \_\_\_\_\_

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### Primary Contact: IN CASE OF EMERGENCY OR CANCELLATION (i.e.: group home contact)

Group Home / Institution: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Email Address: \_\_\_\_\_

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### Transportation:

Do you use DATS?  No  Yes **DATS #** \_\_\_\_\_

\*Pick up & drop off will be directed to our East entrance/lot for **DATS**

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### Spiritual Information:

Do you own a bible you can understand? No Yes

Have you been baptized as an adult? No Yes

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### Medical information: *if more space is required, please attach separate sheet*

Alberta Health Care Number: \_\_\_\_\_

Disability (*please describe*):

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Medical Conditions:

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Are there allergies or special dietary requirements? No Yes

If yes, please describe: \_\_\_\_\_

Are any physical aides needed? No Yes

If yes, please describe: \_\_\_\_\_

Is the applicant verbal? No Yes

If no, please describe method of communication:

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Is the applicant able to function in a group environment with minimal prompts/assistance?

No  Yes

Please describe all unique behavioural traits (*i.e.: violent reactions, attention seeking, faking illness*) and how the behaviour is dealt with:

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Does applicant require a one-on-one aide?  No  Yes, name of aide(s):

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### Informed Consent:

In the event of an emergency if medical treatment is required, I give permission to the church staff and/or volunteers to obtain services for treatment as deemed necessary if I cannot be contacted in a reasonable amount of time. Further, I will hold harmless or indemnify Beulah Alliance Church for any loss or injury that may be sustained. I recognize that there are risks inherent in activities my child/ward may be engaged in and again, I waive, hold harmless, or indemnify Beulah Alliance Church, its instructors, paid or volunteer staff, successors, heirs and assigns from any action. In addition, information may be shared with approved volunteer leaders for the purpose of contacting me in the event of a cancellation or new event information.

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Signature of Parent/Guardian

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Date

### Please indicate your payment type here:

Cash  Cheque # \_\_\_\_\_  Other \_\_\_\_\_

Receipt Needed:  Yes  No

\*Please keep in mind that cash payments must be in **exact** cash. We cannot provide any change. \*

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**Privacy Statement:** Beulah Alliance Church considers all personal information as confidential and will not release it to outside parties or organizations. However, by completing the following request, you are providing consent for this information to be used within the church for ministry and other church-related activities. Photos and videos are sometimes taken during Beulah activities. When using photos or videos of Beulah events for ministry, publicity, or web content, we try to post photos that would not be considered objectionable. We will remove media upon request.

### For Office Use Only:

\$35.00 paid     Cash     Cheque # \_\_\_\_\_     Other

Date received: \_\_\_\_\_

Received by: \_\_\_\_\_

Official receipt requested:     Yes     No