



Scarboro United Church
Youth Registration Package
Grades 7 - 12
2017/2018

Letter to Parents:

Greetings and Welcome to Scarboro Youth Group!

The Youth Group at Scarboro United is a fully inclusive and affirming group that is open to all youth in grades 7-12. Our intention is to meet monthly and of course, Sunday mornings for Youth Worship.

We will be meeting the 1st Friday evening of every month in the new Lounge/Youth Room downstairs for Movie Night which includes pizza, drinks, and snacks. As well, it is encouraged to attend Naked Faith which is an alternative worship service for youth and young adults. It is hosted once a month at different United Churches across Calgary. Normally it is the 3rd Friday evening of every month however a couple of months it is changed. I will communicate via FB and Snapchat regarding the location for Naked Faith. *(Please view the attached Youth Event Dates page for upcoming dates for 2017/18.)*

All youth are welcome to invite friends to Sunday Youth Worship and/or to the monthly Youth Group events. Please let me know (by Wednesday evening prior to the event) if friends are joining so we can ensure that we order enough pizza for everyone.

I will communicate via email, Facebook, and Snapchat at the start of the week prior to the event reminding the youth and parents/guardians of that week's event.

Communicating with Pace can be done via Facebook or email, with a preference of email: growing.together@scarborounited.ab.ca

** Please be advised that the youth have requested that I communicate with them via Snapchat. We, Scarboro Youth Group, have a group chat circulating amidst us all.*

It is an honor to serve the youth at Scarboro United Church and I look forward to the amazing year that we have ahead of us.

Cheers!
Pace Anhorn



Scarboro Youth Group 2017/18 Event Dates

Pizza, movies, friends, games, music...
these are a few things to expect this year for our Youth Group!

For 2017/18 we would like to focus on building relationships within our group.
The 1st Friday evening of every month we will be meeting at SUC for
Movie Night which includes pizza, drinks, & snacks.

Bring your friends!

Anyone is welcome to attend.

(Suggested donation of \$5 per youth)

We will be meeting in the new Lounge/Youth Room downstairs!

Check out the other dates listed below.

Naked Faith is once a month and varies in location.

Each month I will post on FB where it will be hosted, so keep your eye out for it!

2017 Dates:

Sept. 17 – C&Y Launch

Oct. 6 – SUC Youth

Oct. 20 – Naked Faith

Nov. 3 – SUC Youth

Nov. 17 – Naked Faith

Dec. 1 – SUC Youth

Dec. 15 – Naked Faith

2018 Dates:

Jan. 5 – SUC Youth

Jan. 19 – Naked Faith

Feb. 2 – SUC Youth

Feb. 23 – Naked Faith

Mar. 2 – SUC Youth

Mar. 16 – Naked Faith

Apr. 6 – SUC Youth

Apr. 20 – Naked Faith

May 4 – SUC Youth

May 11 – Naked Faith

Jun. 1 – SUC Youth

Jun. 10 – C&Y Wind Up

Jun. 15 – Naked Faith

Scarboro United Church
Youth Registration Form
Grades 7 - 12
2017/2018

(1) Youth Name: _____
Address: _____ Postal Code: _____
Phone: _____ Email: _____
Birthdate: _____ (dd/mm/yy) Age: _____ Grade: _____
Alberta Health Care Number: _____ School: _____

(2) Youth Name: _____
Address: _____ Postal Code: _____
Phone: _____ Email: _____
Birthdate: _____ (dd/mm/yy) Age: _____ Grade: _____
Alberta Health Care Number: _____ School: _____

Does the participant(s) have any physical, cognitive, emotional or behavioral limitations and/or challenges that would require assistance and/or modifications to the program to enable them to participate fully? Yes___ No___

If yes, please state how we can best serve your youth:

Parent(s)/Guardian(s) Names:

Address (if different than above):

Phone: 1) home _____ 2) cell _____ 3) work _____

Parent Email: _____



Emergency Contact if parent cannot be reached:

Name: _____ Relationship: _____

Address: _____

Phone: 1) _____ 2) _____

Please ensure that you have received and read Page 1 (Letter to Parents) of this Registration Package _____ (initial)

PARENTAL PERMISSION:

I _____ the parent/legal guardian of _____ give my permission for my youth to participate in those activities that are part of the Scarborough United Church Youth Group programming. I understand that this form does not pertain to those activities that will take my youth out of town. I hereby assume responsibility should my youth break any of the *SADV (no sex, alcohol, drugs, and violence – physical, verbal, or implied)* rules at any of these activities, and understand that, should this happen, my youth will be asked to leave said activity and will be my responsibility to pick them up at the event location. Furthermore, I agree that the above information is correct to the best of my knowledge.

Signature of parent/legal guardian: _____

May we use the email address supplied to remind you of upcoming events?
If yes, please initial here: _____

(If, at any time, you no longer wish to receive these emails, simply reply to an email with 'Remove me from your email list' or 'unsubscribe' in the subject line or call the Church Office at 403-244-1161.)



Scarboro United Church

134 Scarboro Ave SW, Calgary, AB

Phone: (403) 244-1161 - growing.together@scarborounited.ab.ca - scarborounited.org

MEDICAL RELEASE & PARENTAL PERMISSION FORM

Participant's Name(s)

I/We the parents (and/or guardians) of the above named participant(s), hereby give our approval and acknowledgement to their participation in programs offered by Scarboro United Church between September 1, 2017 and June 30, 2018. (See attached letter for event dates)

I/We do hereby acknowledge and agree that the participation of our youth(s), named above, is at our sole risk and liability; moreover, we hereby release and agree to hold harmless *Scarboro United Church, the coordinator, leader, or any responsible appointed adult* from any and all actions, the cause of actions, claims, liability, and demand whatsoever arising out of or in any way related to or connected with this program without limitations.

I/We do hereby consent to any medical attention or any other care or treatment considered necessary.

Signature

Date

Witness Signature

Date

Alberta Health Care Number: _____

Please note any health problems, allergies, or special medication required:

Scarboro United Church Youth Media Release Form

As part of the programs at Scarboro United Church, digital images and or video recordings may be taken of your youth. These images could be used for Scarboro Worship Services, part of our promotional materials, on our website, and/or on our social media page. Scarboro United Church will not publish the name of your youth or their personal information.

Note: Photographs and/or videos of your youth may be taken by others that are part of the event and may be posted on social media platforms not approved by Scarboro United Church. Once the images and/or videos are in the possession of persons or posted on a social media platforms outside of Scarboro United Church's accountable leadership, Scarboro United Church is not responsible for the way the images and/or videos are used.

I, _____, give Scarboro United Church (SUC) permission to use my youth's image in any pictures, video recordings, digital images, and the like, taken or made on behalf of SUC. Any images can be used to publicize SUC activities and the church community at large. I acknowledge that I will not receive compensation for the use of these images, and hereby release SUC from any and all claims. I waive all copyright to these images.

I DO give my consent to Scarboro United Church to use my youth's(s) likeness.

Date: _____

Parent or Guardian name (print): _____

Signature: _____

Youth's Name(s): _____

Email: _____ Best Contact Number: _____

I DO NOT give my consent to Scarboro United Church to use my youth's(s) likeness.

Date: _____

Parent or Guardian name (print): _____

Signature: _____

Youth's Name(s): _____

Email: _____ Best Contact Number: _____

