



ALL SAINTS DEBS AND SQUIRES YOUTH MINISTRY REGISTRATION AND RELEASE FORM
(Please: Complete it, Print it, Sign it and Return to the church – Thanks)

Dear Parent/Guardian

In 2018, we at All Saints Fourways Gardens Anglican Church are rising to the Bishop's challenge of this year being "The year of uplifting the Youth." As such, we have created the All Saints Debs and Squires program. The program is targeting 13 – 18 year old, Girls and Boys (exception those turning 12 in 2018 and maximum 21 years of age in 2018). The Youth do not have to be from All Saints Fourways Gardens Church but must be committed to the program. We have designed a 7-month program with three pillars namely; grooming civic minded people; community service & active participation and fund raising for the church.

Grooming civic-minded people: A program has been designed to encourage the youth to participate in various aspects of life, to gain valuable skills. This is a serving, financial, grooming, crafts, spiritual journey. The youth will become a formidable team in the end as they work toward a common goal.

Community service & active participation: To encourage active participation in the community we live in, the youth will have to participate in other events that give to those in need e.g. soup kitchen etc. At the end there is an award for active participation.

Fund raising for the church: While the aim is to raise funds, the program is also designed to teach the youth financial responsibility. Throughout the year, Debutantes and Squires acquire points for fundraising (they are given a target and are to come up individually with innovative ways to reach this target with the help of their family and friends. They will also participate in the church fundraising programs, where the money raised will be apportioned to their name). At the end of every year, there is an award for the Top 3 Debutantes and Squires who have raised the most money and other awards for participating in the program.

At the end of the program we will host, an Evening of Glitz and Glam: The Debs and Squires Ball (date and venue to be confirmed, October is the targeted month). The Debs and Squires ball is an award ceremony, which will be held to celebrate those that have achieved in many areas – the youth and the congregation (grooming, dancing, character, fundraising, community service). All Debs and Squires (regardless of their targets being reached or not) are presented to the bishop, the ladies wearing their beautiful formal white dresses and the gentlemen in their formal suits (they are allowed to bring partners outside of the church program). While a winner is crowned in the end (the one who raised the most funds), the emphasis is on participation in key areas of "community living."

Below is an example of program roll out, which will be discussed at our first kick off meeting, scheduled for the 10th of February 2018: We will include young people on rosters for areas such as the welcoming table, bible reading, leading church prayers, worship - playing in the band/singing in the choir, organizing and serving morning tea, help with teaching the younger children's church, making soup, serving at church events, Friday Night or Saturday Bible Study & Group discussions – (video content, youth specific and encourages bonding with peers), Bible Quiz – Complete each month, Spoken Word Friday or Sat/ Team Building Activities and events (guest speakers to come and share on relevant topics, poetry night, lyrical nights/skits), training - dance, manners etc. - slot of the bible study in rotation or team building), soup drive, Messy Church, Jumble Sale/ Good as New Sales and participating in the church fund raising initiatives including, Book Sales, Car Wash Sundays (congregation turn in their keys to the youth to wash during church) or linked to a Shisa Nyama (public to be invited), Recycle (place bins around the church and events) – youth can take to recycle centers to get money), Special days (Valentines Day/ Mother's Day /Father's day) activities, hosting an All around the world dinner and more.

While there is a list of activities, we have taken the school calendar, exams into account and participants will have to participate in a minimum of the activities and not necessarily all of them.

We look forward to hosting you and your children in 2018.

School Year: 2018

Participant's Name: _____ Participant's Surname: _____

Participant prefers to be called: _____

Gender: _____

Birth Date: _____ School: _____ School Grade: _____

Age as per last birthday: _____

Participant email address: _____

Participant mobile number: _____

Participant uses Facebook? Yes No

Participant uses Whatsapp? Yes No

Participant's Primary Caregivers: _____

Residential Address(es):

Adult(s) Phone #'s:

Adult(s) email addresses: _____

Adult(s) email addresses: _____

Note: Communication about youth group events will often be done by email and sms. *Please list emails that you check on a regular basis.*

Adults in the home use Facebook? Yes No Adults in the home use Whatsapp? Yes No

Best Way to Contact: _____

In Case of Emergency, please contact _____

Relationship _____

Contact Details _____

PHOTO RELEASE:

All Saints Fourways has a website and social media accounts where photos and videos from Youth Group events are periodically published. We also have a Youth Group bulletin board where we sometimes post photos from events. It is All Saints' Fourways policy that photos of children are never published with names or other identifying information.

Initial one:

_____ Yes, you can use pictures and videos of my child. I hereby grant All Saints Fourways Gardens Anglican Church, the permission to use my child's likeness in photographs, video, and other media in any and all of its publications, including bulletin boards and website entries. I waive any right to royalties or other compensation arising or related to the use of the photographs or videos.

_____ No—please do not print or publish photos of videos of my child online or in church-related publications.

Participant, Please tick all the areas that you are interested in/would love to take part in (you can tick more than 1):

Welcoming Table _____ Bible Readings in Church _____

Serving in Church _____ Serving Tea after Church _____ Leading Church in Prayers _____

Attending the 9am Service _____ Attending the 7:30am Service _____

Assist with teaching younger children in church _____ Making Soup for soup kitchen _____

Your Suggestions _____

Your Suggestions _____

Are there any activities that you prefer not to take part in? If Yes, please list them below:

GENERAL

1. It is compulsory for every person who intends participating in the program to sign this Indemnity form.
2. Any person who fails, refuses and/or neglects to sign this Indemnity form is prohibited from participating in the program
3. All fund raised in the name of the Debs and Squires shall be allocated to the participant for the church.

GENERAL RELEASE:

“I/We hereby grant permission for my/our child _____ to be a member of the All Saints Debs and Squires Youth Group at All Saints Fourways Gardens Anglican Church and to participate in activities arranged by the Youth Leadership in this regard from time to time. We recognize the importance of the commitment that he/she makes and that their participation as a part of a larger community calls for responsible behavior. Therefore, I/we agree that if this child engages in behavior, which, in the judgment of the adult leaders, is not in the best interest of the program, trip or event, our/my child or any member of the group may, therefore, be sent home. I/We will assume full legal and financial responsibilities for such a return trip.”

“I/We hereby release from any liability All Saints Fourways Gardens Anglican Church and all of its personnel, employees, adult leaders and representatives from any claims for unintended or unexpected accidents which might occur during participation in youth group events or traveling to or from said events. In granting this permission and release, I/We specifically recognize that my child may from time to time be transported to events by private vehicles operated by advisors or volunteers not as agents, employees or representatives. In such regard, I/We specifically release and will hold harmless All Saints Fourways Gardens Anglican Church their officers, employees, agents and representatives from any and all liability, which may arise as a result of such transportation whether or not organized by All Saints Fourways Gardens

Signature of Participant

Date

Signature of Parent / Guardian

Date

ALL SAINTS DEBS AND SQUIRES YOUTH MINISTRY PARTICIPANT HEALTH FORM

School Year: 2018

Participant's Name: _____ Birth Date: _____ Gender: _____

Name of Parent / Guardian: _____

Address: _____

Day Phone: _____ Night Phone: _____

Doctor's Name _____

Address _____ Postal Code _____ Phone _____

Health Insurance: _____ Policy or Plan # _____

Participant's Medical # (if applicable): _____

Name of emergency contact: _____ Relationship: _____

Address _____ Postal Code _____ Day Phone _____ Night Phone _____

Does this participant have any physical, psychiatric, emotional or behavioral conditions of which the youth group advisor should be aware? (Please use the back of this form or an additional pages if necessary)

Restrictions on activities: _____

Regularly prescribed medications and doses: _____

Allergies to medication? _____

Allergies or special diet? _____

PARENT / GUARDIAN AUTHORIZATION:

This health history is correct as far as I know. The person herein described has my permission to engage in all prescribed activities except as noted above. The following authorization empowers the staff of All Saints Fourways Gardens Anglican Church and youth group adult leaders to take whatever steps they deem necessary to insure the well being of my child should a medical emergency occur during a youth group meeting/activity.

Every attempt will be made to contact the child's care-givers and/or emergency contact provided.

I, _____ do hereby authorize All Saints Fourways Gardens Anglican Church Youth Group to take necessary emergency measures in the treatment of (participant): _____ if needed. My child is in good physical health and does not have any conditions or disabilities, which may be aggravated except as noted on this form. In the event that I cannot be reached in an emergency, I hereby the authorize the physician selected by All Saints Fourways Gardens Anglican Church to hospitalize, secure proper treatment for, and order injections, anesthesia and surgery for my child named above.

Signature of Parent / Guardian Date

