

Dear Parent,

I want to welcome you to youth ministry at Bakerview church. I look forward to getting to know you better and partnering with you in your child's spiritual future. The teenage years are some of the most crucial in their emotional, physical, and spiritual lives. The decisions they make now will affect them for years to come. While I have the pleasure of working with them for a few hours a week, you live with them day in and day out. Your role cannot be overestimated!

At Bakerview we are committed to helping your child build lasting, healthy relationships. Providing them with a structure that is safe to experiment with who they are and ask question is core to who we are. Our nights are structured around providing them every opportunity to interact with their peers and learn more about God. We give them five simple rules at the start of every night. First is that they respect the person who has the floor at that moment. The second is that they leave their electronic devices at home for the evening (cell phones are permitted, but only in emergencies). The third is that it's a safe place, no picking on others, no threats, just treating others how you would like to be treated. The fourth is that they listen to my leaders, and lastly, to have fun!

Our weeks are structured around a mid-week event and Sunday morning learning centres. You'll find that weekly events will be where your child will find the most social environment, and I'm committed to also introducing them to various key aspects of the gospel each night. When they begin to hunger for a little more depth to the teaching, Sunday Mornings provide a place where we go through various books of the Bible and learn about different characters from the Bible and it provides a vehicle for them to ask specific questions and delve deeper.

Growing up, it was my youth pastor that helped guide me through some of the roughest times of life. When the seas were rolling and I was disorientated, he pointed me back to the Bible to find my bearings. It was through the experience of living my faith through the doubts and trials that I grew the most and God spoke directly to my heart. That process cultivated in me a desire to play a small part of the process in these kids' lives.

I maintain an open-door policy. If you have any questions or would like to get to know me more, please don't hesitate to contact me or stop in and see me. I'd love to talk with you more about any specific issues you might have, and provide you with resources to help navigate the challenges of raising an adolescent. We're in this together!

Stephen Philps

Associate Pastor of Youth Ministries

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Parent Information Sheet

Name(s) of Youth: _____

Parent(s) Name(s): _____

Home phone number: _____

Cell phone number(s): _____

Address: _____

Parent Email (for group parent e-mails):

Would you be willing to bring a snack occasionally? _____

Anything you would like your child(ren) to learn at youth? _____

Anything you think we as leaders should know about your child(ren)? _____

Would you be willing to help out at a special event if needed? _____

What is your favourite part of youth? _____

Are there any family concerns that the youth leaders should be aware of?

Best night to have a parent's meeting? _____

Youth Information Sheet

Name: _____

Nicknames (that I like): _____

Parents/Guardian Name: _____

Siblings: _____

Birthday: _____ Best present you ever got: _____

School: _____ Grade: _____

Favourite class: _____

Least Favourite class: _____

Home Number: _____ Facebook? _____

Cell Number: _____ Twitter: _____

E-Mail (for group e-mails and contact):

Favourite youth event? _____

Least Favourite youth event? _____

Something you wish you could do at youth?

Favourite Music/Band: _____

Favourite Movie/Top 3: _____

Favourite ice cream: _____

Stuff you do in your spare time: _____

**MEDICAL CONSENT FORM and LIABILITY RELEASE AGREEMENT
For all activities within British Columbia for 2010-2011**

NAME OF PARTICIPANT: _____

AGE: _____ GENDER: _____ DATE OF BIRTH: _____ (day/month/year)

NAME OF PARENT/GUARDIAN: _____

TELEPHONE # (RESIDENCE): _____ (WORK): _____

(CELL): _____ ADDRESS: _____

EMAIL: _____

ALTERNATIVE PERSONS TO CONTACT

NAME: _____ RELATIONSHIP: _____

PHONE #: _____ CELL: _____

HEALTHCARE INFORMATION

PRIMARY CARE PHYSICIAN NAME: _____

PHONE NUMBER: _____

ADDRESS: _____ BC CARE CARD #: _____

_____ BLOOD TYPE: _____

ADDITIONAL INSURANCE COMPANY: _____

PHONE #: _____ **POLICY #:** _____

Brief Medical History

Allergies: _____

Heart or respiratory conditions: _____

Behavioural Concerns:

<over>

Medications:

In the event of accident, injury or illness involving any child of mine (specifically including my child named above as the "Participant") while in, on, or about the premises of Bakerview MB Church (which includes official activities within British Columbia) or while participating in any activity sponsored by or under the auspices of said institution under circumstances where I am physically unable to consent or am not present,

1. I hereby voluntarily authorize and consent to the furnishing to (specifically including my child named above as the "Participant") of such medical care, attention, and treatment by any hospital, physician or dentist as such hospital, physician or dentist may deem necessary or advisable, including any x-ray examination, anaesthetic, medical, or surgical diagnosis or procedure.
2. I authorize any adult associated with the activity to consent to such medical care, attention and treatment.
3. I agree to pay the reasonable cost of such medical care, attention or treatment and to indemnify and hold free and harmless of and from any and all liability for such cost the assisting adult, Bakerview MB Church, and the officers, employees and members of said organizations. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

I agree that a photocopy of this consent or a copy sent by facsimile may be accepted by any health care providers. This consent shall be valid for one (1) year from the date of signing.

SIGNATURE OF PARENT/GUARDIAN

DATE

LIABILITY RELEASE AGREEMENT

IN CONSIDERATION OF ACCEPTANCE OF MY CHILD'S REGISTRATION TO PARTICIPATE IN YOUTH PROGRAMS AND ACTIVITIES AND, RECOGNIZING THE RISKS ASSOCIATED WITH SAID ACTIVITIES, THE UNDERSIGNED HEREBY WAIVES ALL CLAIMS FOR PERSONAL INJURY AND PROPERTY DAMAGE AND HEREBY RELEASES BAKERVIEW MB CHURCH, AND ALL OF THEIR DIRECTORS, OFFICERS, MEMBERS, EMPLOYEES, AND THE YOUTH VOLUNTEERS AND SPONSORS, OF AND FROM ANY AND ALL CLAIMS AND LIABILITIES OF WHATEVER KIND, INCLUDING THOSE OF NEGLIGENCE AND GROSS NEGLIGENCE, WHICH I OR MY CHILD MIGHT HAVE, ARISING OUT OF MY CHILD'S PARTICIPATION IN THE BAKERVIEW MB CHURCH YOUTH GROUP AND ALL ACTIVITIES RELATING THERETO.

SIGNATURE OF PARENT/GUARDIAN

DATE