

The Rapids Kids Club Registration - Leaders in Training - 2022/2023

The Rapids

<b>First Name:</b>	<b>Last Name:</b>
<b>Grade ( Fall 2022):</b>	<b>Age:</b>
<b>Birthdate (with year):</b>	<b>Male (M) or Female (F):</b>
<b>Mailing Address:</b>	
<b>Primary Parent/Guardian First/Last Name:</b>	<b>Primary Contact Phone Number:</b>
<b>Email address (club information will be sent primarily through email from <a href="mailto:riversidenorthoffice@gmail.com">riversidenorthoffice@gmail.com</a>, can be your parents email):</b>	
<b>Emergency Contact Name (if Primary can't be reached):</b>	<b>Emergency Contact Phone Number:</b>
<b>Emergency Contact relationship with LIT:</b>	
<b>Family Church Affiliation (if any):</b>	
<b>Any medical or physical challenges we should be aware of to ensure camp is an enjoyable time? (ie. allergies, medications, etc...)</b>	
<p>We take photos and videos during day camp primarily for "in-house" purposes (closing ceremonies, Sunday service, etc...). At times we may post on our church Facebook page. <u>No names listed.</u></p> <p> <input type="checkbox"/> Yes, in-house is okay.  <input type="checkbox"/> Yes, online (social media) is okay.  <input type="checkbox"/> Would rather not have photos/videos taken for either purpose.         </p>	
<b>Friends/Family attending Camp:</b>	<b>How did you hear about camp?</b>
	<input type="checkbox"/> Facebook <input type="checkbox"/> Friend/Family member <input type="checkbox"/> Return attendee <input type="checkbox"/> Other: _____

**Areas I would be interesting in assisting with:**

- Arts & Crafts
- Sports & Games
- Leading a group of kids with an adult
- Leading an activity station with an adult
- Setting Up - activity stations, large group activities
- Cleaning Up - inside & outside
- Media - running the videos, taking pictures, creating a video, etc....
- Snack Prep.
- Music/Dance
- Other: \_\_\_\_\_

**Have you ever volunteered at Riverside before? (if so, when?)**

**If you volunteered at Riverside before what did you like the best? What didn't you like?**

**Why do you want to volunteer at Kids Club?**

**List 3 skills that you have that you feel could be helpful at Kids Club:**

**List 3 activities/hobbies you like to participate in:**

**List any previous volunteer experience:**

**T-Shirt Size:**

- Adult XS**
- Adult S**
- Adult M**
- Adult L**
- Adult XL**
- Adult XXL**
- Adult XXXL**

**What is your favourite class at school?**

**Reference #1:**

**Teacher/Employer/Supervisor  
Name:**

**Contact Info.:**

**Reference #2:**

**Adult Family Friend**

**Contact Info.:**

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## Waiver of Responsibility & Property (if under 18)

I, (parent/guardian) \_\_\_\_\_ of \_\_\_\_\_ agree that Riverside Community Church organization, staff and volunteers are not liable for any injury or loss of property during Kids Club at Riverside Community Church, 30 Grenfell Ave. Swastika, ON.

\_\_\_\_\_ parent/guardian signature      Date: \_\_\_\_\_

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## PICK-UP - ON OWN (if under 18)

If you will not be coming into the facility to pick up your child at the end of the day (ie. walking home on their own, meeting you in the parking lot, etc...) please fill out the following.

I, (parent/guardian name) \_\_\_\_\_ give \_\_\_\_\_ (child's name) permission to walk home/leave on their own after Kids Club (Riverside Community Church, 30 Grenfell, Ave. Swastika).

\_\_\_\_\_ parent/guardian signature      Date: \_\_\_\_\_

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## PICK-UP - NON- PARENT (if under 18)

If someone other than you or another parent will be picking up your child(ren) at the end of the day please fill in out the following (even if for one day).

I, (parent/guardian name) \_\_\_\_\_ give \_\_\_\_\_ (name) authority to sign in/out my child(ren) \_\_\_\_\_ at Kids Club (Riverside Community Church, 30 Grenfell, Ave. Swastika).

\_\_\_\_\_ parent/guardian signature      Date: \_\_\_\_\_

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## Medication Permission Form (if under 18)

I, (parent/guardian name) \_\_\_\_\_, give Riverside Community Church staff and volunteers, permission to provide \_\_\_\_\_ (child's name) with the medication that has been provided by the parent, for the child to administer it themselves if needed.

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Medication instructions:**