

The Rapids Kids Club Registration 2022/2023

First Name:		Last Name:	
Grade (going into Fall 2022):		Age:	Male (M) or Female (F):
Birthdate (with year):		Mailing Address:	
Primary Parent/Guardian First/Last Name:			Primary Contact Phone Number:
Home email address (club information will be sent primarily through email from riverisidenorthoffice@gmail.com):			Family Church Affiliation (if any):
Emergency Contact Name (if Primary can't be reached):		Emergency Contact Phone Number:	Emergency Contact relationship with child:
Any medical or behavioral challenges we should be aware of to ensure camp is an enjoyable time for your child? (ie. allergies, ADHD, etc...)			<p>We take photos and videos during kids club primarily for "in-house" purposes (special club events, Sunday service, etc...). At times we may post on our church Facebook page.</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.
Friends/Family attending Club:		How did you hear about Kids Club? <input type="checkbox"/> Facebook <input type="checkbox"/> Friend/Family member <input type="checkbox"/> Return attendee from Day Camp <input type="checkbox"/> Other: _____	
T-Shirt Size:	<input type="checkbox"/> Youth XS <input type="checkbox"/> Youth S <input type="checkbox"/> Youth M <input type="checkbox"/> Youth L <input type="checkbox"/> Youth XL	<input type="checkbox"/> Adult XS <input type="checkbox"/> Adult S <input type="checkbox"/> Adult M <input type="checkbox"/> Adult L <input type="checkbox"/> Adult XL	

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Waiver of Responsibility & Property

I, _____ parent/guardian of

agree that Riverside Community Church staff and volunteers are not liable for any injury or loss of property at Riverside Community Church, 30 Grenfell Ave. Swastika, ON

_____ parent/guardian signature Date: _____

PICK-UP - ON OWN

If you will not be coming into the facility to pick up your child (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: _____

PICK-UP - NON- PARENT

If someone other than you or another parent will be picking up your child(ren) at the end of the event 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: _____

Medication Permission Form

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: