



Child#1: _____
DOB: _____ Health Card# _____
Club: *(please circle)* Cubbies (PS - JK) Sparks (SK-Grade 2) T&T (Grade 3-6)
Any known allergies or concerns: _____

Child#2: _____
DOB: _____ Health Card# _____
Club: *(please circle)* Cubbies (PS - JK) Sparks (SK-Grade 2) T&T (Grade 3-6)
Any known allergies or concerns: _____

Child#3: _____
DOB: _____ Health Card# _____
Club: *(please circle)* Cubbies (PS - JK) Sparks (SK-Grade 2) T&T (Grade 3-6)
Any known allergies or concerns: _____

Child#4: _____
DOB: _____ Health Card# _____
Club: *(please circle)* Cubbies (PS - JK) Sparks (SK-Grade 2) T&T (Grade 3-6)
Any known allergies or concerns: _____

Name of Parent/Guardian: _____
Address: _____ Phone#: _____
Email Address: _____
Emergency Contact: _____ Phone#: _____

***** We must be able to contact you during club hours.**

2019-2020 Club Fees - \$60/Child and a Family Maximum of \$150

Paid By: Cash or Cheque (Please circle) Leader Initial: _____



I/we the parents or guardians named below, authorize one of the Parkdale Baptist Church Program Personnel to sign a consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedures for the participant named above.

I/we, named below, undertake and agree to indemnify and hold harmless Program Personnel, Parkdale Baptist Church, and its leaders from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of Parkdale Baptist Church, as well as of any medical treatment authorized by the supervising individuals representing Parkdale Baptist Church.

Photos

Please check the appropriate box to grant permission for the reasonable use of pictures containing your child in any or all of the following ways.

- Brochures/Promotional material
- Parkdale Facebook
- Parkdale Website
- Inside student rooms
- Video recording for internal use/distribution
- Registration Form

Purposes and Extent

Parkdale Baptist Church is collecting and retaining this personal information for the purpose of enrolling your child in our programs, to assign the student to the appropriate classes, to develop and nurture ongoing relationships with you and your child; and to inform you of program updates and upcoming opportunities at Parkdale Baptist Church. This information will be maintained indefinitely as it is a requirement of our insurance company and legal counsel. If you wish Parkdale Baptist Church to limit the information collected or to view your child's information, please contact us.

I have read, understood and agree with the above, as noted.

Parent/Guardian Signature: _____

Printed Name: _____ Date: _____

