



REGISTRATION FORM

1. Clubber's Name _____ Grade ____ Birthdate _____

2. Clubber's Name _____ Grade ____ Birthdate _____

3. Clubber's Name _____ Grade ____ Birthdate _____

Address _____ **Apt/unit #** _____ **Postal Code** _____

Phone # _____ **E-Mail** _____

Medical Information

Does your child have any food allergies or other dietary requirements? **Yes / No**

If YES, please give details _____

Does your child have any medical or behavioural conditions of which we should be aware? **Yes/ No**

If YES, please give details _____

Emergency Contact Information

Name: _____ Phone # _____

E-mail: _____ Relationship to Child _____

Name: _____ Phone # _____

E-mail: _____ Relationship to Child _____

I hereby grant permission for my child/children, whose full name/s appear above, to fully participate in Brockview's Kids Club as detailed in the covering letter.

(Printed Name of Parent/Legal Guardian)

(Signature)

(Date Signed)

Permission is hereby given for any photos, videos or other media format of my child to appear in promotional materials produced by Brockview Bible Chapel. **YES / NO**

Transportation

We live along the bus route and request that my child/ren be transported by bus and understand that liability of any incidents related to the transportation of my child/ren to and from Brockview Bible Chapel is the responsibility of the bus company and I will not hold Brockview Bible Chapel responsible for any damages or harm incurred while on the bus.

Signed: _____

Date: _____

_____ **I will drop off & pick up my child each time he/she attends. Please name who else is approved for this.** _____

Office Use

Invited by: _____ Date: _____