

**General Information:**

Child's First Name: \_\_\_\_\_ Child's Last Name: \_\_\_\_\_

Gender: Male / Female Grade in Fall 2023: \_\_\_\_\_ Birthday: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Church attending: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Uniform T-shirt size: Youth XS Youth S Youth M Youth L Adult S Adult M

**Medical Information:**

Physicians Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Medical Care Number: \_\_\_\_\_

Medical Condition or allergies: \_\_\_\_\_

Medication child is taking: \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**Authorization and Medical Consent:**

*The safety of your child is our primary concern. Precautions will be taken for his/her well-being and protection. It is our policy to notify parent/guardian when a child is ill or needs medical attention. Occasionally, we are unable to contact the parent/guardian and/or we need to get immediate help for the child. Therefore, your authorization and medical consent is required for us to deal with such occasions.*

I hereby authorize one of the Burnaby Pacific Grace Church Ministry Staff or Volunteer a consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedures for my child, \_\_\_\_\_ in the event of a medical emergency.

**Photo Release:**

[ ] I do allow my child's photo to be taken or used in future promotional literature.

[ ] I do not allow my child's photo to be taken or used in future promotional literature.

Name of parent: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Registration**

Cost for child to attend BPGC Kids Club is \$65 for the whole term.

All forms must be completed. Registration is not complete until payment is received. Camp is limited to 25 clubbers. We will run 2 Clubs. Please do not bring any peanut based snacks.

### Supervision, activities & expectation

- All activities will be supervised by the Children's Pastor and Volunteer Leaders.
- Some play will be active and normal sports injuries or risks are possible.
- Arrive on time with appropriate equipment/clothing/footwear.
- Be respectful at all times towards leaders, each other, equipment and the environment.
- Listen and follow instructions.
- Drop off and pick up child on time.
- Please provide up-to-date medical information.
- Please provide drinking water, and appropriate clothing (walking shoes) for your child.

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### Consent Form for guardian or friends dropping or picking up your child.

I \_\_\_\_\_ authorize \_\_\_\_\_ to pick up  
(Parent Name) (Name of Authorized Person)  
\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_.  
(Son/Daughter Name) (Start Date) (End Date)

Full Name (print) \_\_\_\_\_ Signature \_\_\_\_\_