

BPGC Kids Club 2024 Sep 28, 2024 – Jun 28, 2025 6:30pm to 8:30pm

3883 Triumph Street, Burnaby

General Information: Child's First Name:	Child's Last Name:					
Gender: Male / Female Grade	·	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:			Pho	ne:		
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 policy to notify parent/guardian when a the parent/guardian and/or we need to consent is required for us to deal with	concern. Preca a child is ill or ne get immediate	eeds medical atte help for the child	ention. Occasion d. Therefore, you	nally, we are un	able to contact	
I hereby authorize one of the Burnaby and to authorize any physician or hosp	ital to provide r	nedical assessm	ent, treatment o			
Photo Release: [] I do allow my child's photo to be tak slides for internal usage).	en or used for	internal circulatio	on (such as Wha	tsApp Group ch	at, PowerPoint	
[] I do not allow my child's photo to be	taken or used					
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.

Consent Form for	r guardian or frie	ends dropping	g or picking u	p your child.
(Parent Name)	authorize	(Name of Authorized l	Person)	to pick up
(Son/Daughter Name)	from(Start Date)	to	(End Date)	<u></u> .
-ull Name (print)		Signature		