

19twenty Church/Finnish Bethel Church Kids' Club REGISTRATION & WAIVER FORM

September 2020 - June 2021

GENERAL INFORMATION

Name* :	Age*:	Gender*	Telephone#*:
Street Address*:		E-Mail Address:	
City*:	Province*:	Postal Code*:	
Parent/Guardian Name*:		Phone (W) :	
Parent/Guardian Email Address*:		Phone*:	
Second Parent/Guardian Name:		Phone (W) :	
2nd Parent/Guardian Email Address:		Phone:	
Emergency Contact*:		Phone*:	

MEDICAL INFORMATION

BC Care Card #*:	
Name of Medical Doctor*:	Telephone #*:
Any Allergies*? Yes No	
If yes, please list:	
Other Medical Conditions*: Yes No	
If yes, please list:	
List any and all medications and prescriptions you will be bringing to Kids' Club if applicable*:	
(Medications must have the your/child's name and dosage on it.)	

IMPORTANT: WAIVER FORM ON REVERSE MUST BE SIGNED

Name*: _____

Any other special needs we should be aware of:

WAIVER FORM*

I/We authorize the administration of any common over-the-counter medications (i.e. Tylenol, Benadryl, etc.) and/or first aid treatment necessary by Kids' Club staff. In the event of an accident or illness, I/We authorize the Physicians and Hospital staff to carry out any examination and treatment deemed necessary and advisable for the diagnosis and treatment of my child and I agree to pay for all services as may be required.

Date*:

Parent/Guardian Signature*:

Kids' Club programs include sports and other physical activities and in spite of adequate and safe supervision it is possible for accidents and injuries to occur, by signing below I/We agree that this activity is suitable for my child.

We recognize the seriousness of COVID-19 and are taking all mandatory precautions to disinfect surfaces, follow physical distancing, use of hand sanitizer/washing hands, having symptom free staff/volunteers, and applying the provincial guidelines to keep everyone safe at our day camp. Unfortunately despite adequate precautions that are taken, transmission of COVID-19 can still take place. In the case of transmission of COVID-19 I/We, the parents of *_____, release the Finnish Bethel Church/19twenty Church, staff, and volunteers from any and all liability of the transmission and any resulting effects of COVID-19 to my child.

I/We, the parents, or legal guardians of *_____, release the Finnish Bethel Church and, together with the adults in charge, from any and all liability and claims resulting from injury or damage that may be sustained by my child.

Date*:

Parent/Guardian Signature*:

****All fields and areas with an * must be filled in.****