

Victory - The Ultimate Pep Rally 2017



REGISTRATION FORM

(EACH CHILD MUST BE REGISTERED ON A SEPARATE FORM.)



Child's Name: _____ Age: _____

Street Address: _____ Apt. #: _____

City, Province: _____ Postal Code: _____ Phone #: _____

Allergies: _____

Medical Conditions: _____

Health Card Number (optional) : _____

If your child requires medication during the day, please note that the staff and volunteers of The Salvation Army cannot administer this medication to your child.



Parent's Name: _____

Work Phone #: _____ Cell Phone #: _____

Name of Emergency Contact: _____ Relationship to Child: _____
(must be someone other than the parent)

Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____



In addition to the child's parent and emergency contact (as listed above), the following individuals (minimum age of 16) are permitted to pick up the child from Day Camp...

Name: _____ Relationship to Child: _____

This individual is permitted to pick up the child on (circle) MON. TUES. WED. THURS. FRI.

Name: _____ Relationship to Child: _____

This individual is permitted to pick up the child on (circle) MON. TUES. WED. THURS. FRI.

These individuals must show valid photo identification when picking up the child.

Is your child allowed to walk home alone? YES NO Parent's Initials: _____

ADVENTURES ON PROMISE ISLAND

REGISTRATION FORM CONTINUED...

(EACH CHILD MUST BE REGISTERED ON A SEPARATE FORM.)

I, _____ (name of parent)
give my permission for The Salvation Army to obtain emergency medical care for my son/daughter,
_____ (name of child).

I understand that should my child require emergency medical care, every effort will be made to contact me or the emergency contact person listed on this form as soon as possible.

I understand that my child will walk to and from this location under the supervision of The Salvation Army staff and volunteers.

I allow The Salvation Army to take photos of my children and to use those photos for promotional purposes only.

By signing below, I am also stating that all of the information listed on this form is accurate to the best of my knowledge.

Signature of Parent

Date

FOR OFFICE USE ONLY

- Please be sure to give each parent the attached reminder card, making note of the location of the events, any outstanding payment that is due as well as other important information.

Application process by: _____ Date: _____



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