

St Mary of the Visitation Parish
Kids Klub
Membership/Permission Form

CHILD'S NAME _____ SCHOOL/GRADE _____

ADDRESS _____ Apt _____

CITY _____ POSTAL CODE _____

PHONE NUMBER _____ EMAIL _____

DATE OF BIRTH ___/___/___ GENDER M / F

Is this his/her first year with Kids Klub ? Yes / No If No, last year attended _____

Parent/Guardian Name _____

Child lives with (circle one) BOTH FATHER MOTHER GUARDIAN

If Guardian is not at the same address as above, please give Guardian's address:

Emergency Contact .

If the parent is not available, in Emergency please contact:

Name _____ Phone _____

Does your child have any allergies or medical conditions ? If Yes, please be as specific as possible:

Doctor's Name _____ Health Card Number _____

CONDITIONS OF ENROLMENT:

1. The Parish reserves the right to dismiss a child whose conduct becomes a hazard to the safety & rights of others.
2. The parent or guardian submitting this applications, are those who have legal custody over the child. Conditions of custody, if applicable, will be fully communicated in writing to the Youth Director including a photocopy of the section of any court order referring to visitation rights.
3. While every precaution will be taken to ensure the good welfare and protection of the child, The Episcopal Corporation of the Diocese of Hamilton, St Mary of the Visitation Parish, its staff members, employees, volunteers or facilities in and outside the designated parish and school area are hereby released from any and all liability in the event of any accident or misfortune that many occur to the applicant child. Further, the same named bodies and individuals are not responsible for lost or stolen items brought by the child and further encourage children not to bring valuable possessions to gatherings.
4. In the event that a child requires special medication or treatment, every reasonable attempt will be made as soon as possible to notify the parents(s) and the parent will be responsible for any expense for additional care or transportation. In case of surgical emergency, I hereby give my permission for, and order injection, anesthesia or surgery for my child named in this application.
5. I give permission for St Mary of the Visitation Parish to use any photography my child for promotional materials, and for them to receive email messages from Kids Klub concerning events at the address above. I have read this application form, am the parent or guardian of this child, and accept the conditions of enrollment.

PARENT/GUARDIAN SIGNATURE _____