



REGISTRATION FORM (2016-2017)

****Must have signatures, phone # and email or facebook****

Child's name(s):

Last _____ First name(s) of children- 1st _____ 2nd _____ 3rd _____

Home Phone#(____) _____ Parent's Email: _____

Address _____

City _____ Prov. _____

Postal Code _____

Date(s) of Birth (mm/dd/yy) _____ 2 _____ 3 _____

Grade (in Sept. 2016) 1 _____ 2 _____ 3 _____

Parents/Guardian: Fullname(s) _____

Parents/Guardian on Facebook: YES or NO-(name under) _____

Parents/Guardian cell #'s _____

Emergency Contact:

#1 _____ Home _____ C _____

Emergency Contact:

#2 _____ Home _____ C _____

Child's Health Care # _____ Doctor _____

Please list any allergies, medications, medical conditions, or physical/mental/behavioural concerns that we need to be aware of:

****Parental Waiver:** If the Participant is under eighteen (18) years of age, in consideration of the participant being permitted to engage and take part in the Amazing Kids being offered, carried on, and sanctioned by Amazing Grace Community Church & Westminster Chapel, the under-signed Parent or Guardian of the participant hereby releases and undertakes and agrees to save harmless and keep indemnified Westminster Chapel, their principles, officers, agents, officials, organizers and representatives from and against all claims, actions, costs, expenses and demands whatsoever in respect of death, injury, loss or damage to the person or property of the participant, howsoever caused, regardless of whether same may have been contributed to or occasioned by the negligence of Westminster Chapel, their principals, officers, agents, officials, organizers and representatives. The registration is for the Amazing Kids at Westminster Chapel. I am aware that Amazing Kids will include Bible Story times. I understand that my child may be exposed to certain risks while participating in this program, and realize that accidents and injuries can occur. I give consent to have my child examined by a medical practitioner if necessary. I hereby release the activity destinations, Church, and each of their staff and volunteers, from liability, in the unlikely event that an accident or injury does occur. I grant permission for the volunteers and staff of the Amazing Kids to photograph my child, for promotional (website/facebook) and general program use only.

****SIGNATURE OF PARENT/LEGAL GUARDIAN:**

Print _____ Signature _____

*******I give my child or children (name) _____ that go to Westminster Elementary, permission for an Amazing Kid's Volunteer or Leader to walk my child/children to Amazing Kids at Westminster Chapel(329-19th N) or a designated area for Amazing Kids.

****SIGNATURE OF PARENT/LEGAL GUARDIAN:**

Print _____ Signature _____