

VISIT 1 _____ VISIT 2 _____ VISIT 3 _____ VISIT 4 _____ POST CARD _____ KEY FOB# _____

Welcome to Harvest Kids

Children's Ministry of Harvest Bible Chapel Brantford

	FATHER	MOTHER	GUARDIAN/CAREGIVER
FIRST NAME			
LAST NAME			
DOB (M/D/Y)	___/___/___/	___/___/___/	___/___/___/
CELL N°			
EMAIL			

CAN PICK UP CHILD?

ADDRESS _____ CITY _____

PROVINCE _____ POSTAL CODE _____ HOME PHONE _____

MARITAL STATUS _____

	CHILD ONE	CHILD TWO	CHILD THREE	CHILD FOUR
FIRST NAME				
LAST NAME				
GENDER	___ M ___ F	___ M ___ F	___ M ___ F	___ M ___ F
DOB (M/D/Y)	___/___/___/	___/___/___/	___/___/___/	___/___/___/
AGE				

PLEASE TELL US:

Any drug, food, wasp/bee or other allergies your child has

CHILD ONE	CHILD TWO	CHILD THREE	CHILD FOUR

If your child uses an Epi-pen and if so, for what

CHILD ONE	CHILD TWO	CHILD THREE	CHILD FOUR

If your child taking any medication they will need to take while at Harvest Kids

CHILD ONE	CHILD TWO	CHILD THREE	CHILD FOUR



Are there any restrictions on your child's physical activity we need to know about

CHILD ONE	CHILD TWO	CHILD THREE	CHILD FOUR

Are there any other pre-existing medical conditions affecting your child we should know about

CHILD ONE	CHILD TWO	CHILD THREE	CHILD FOUR

CONFIRMATION, CONSENT & RELEASE:

- 1** I am the parent and/or have legal custody over the child(ren) listed above, and have the right to sign them up for Harvest Kids, including under any custody arrangements affecting the child(ren). I agree that conditions of custody, if applicable, shall be fully communicated in writing to Harvest including, if requested by Harvest, a photocopy of the section of any court order providing me visitation or other applicable rights.
- 2** I have completed the form above accurately and in particular have included all relevant medical information under "Allergies/Health Concerns".
- 3** I understand that my child may not be permitted to attend Harvest Kids if they are ill and in the reasonable opinion of Harvest their participation would expose other children to an unacceptable risk of illness.
- 4** I understand that care is taken for safety and good health of my child(ren) and that they will be supervised. I acknowledge, however, that participation in physical activities such as occur at Harvest Kids carry with them inherent risk. I agree that if my child is injured, provided every reasonable effort is made first to contact me and the other emergency contact(s) listed above, medical staff selected by Harvest and attending my child, exercising due care, are permitted to provide proper medical treatment including medication and surgery for my child as deemed necessary.
- 5** In the unlikely event my child is injured while participating in activities while at Harvest Kids or en route to such activities, my child and I relinquish all rights to recover damages for any and all injuries sustained by my child during or en route to activities. In consideration of Harvest granting my child permission to participate in Harvest Kids, I hereby release Harvest, its elders, staff, employees and volunteers from liability for injuries caused by negligence on their part.
- 6** I consent to images of my child(ren) taken while at Harvest Kids being used by Harvest for future promotional and educational purposes both at Harvest and elsewhere.

I have read and understand this Confirmation, Consent and Release, and I confirm and agree as set out above.

PARENT/GUARDIAN SIGNATURE _____

DATE _____

