



HOPE KIDS CHILD REGISTRATION FORM

WHO IS SIGNING IN CHILDREN?

TODAY'S DATE: _____

Relation to child	First Name	Last Name
DAD		
MOM		
OR		
GUARDIAN		

Street address: _____

City _____ Province _____ Postal Code _____

Home Phone (_____) _____ Cell (_____) _____

E-mail: _____

CHILDREN ATTENDING:

	FIRST NAME	LAST NAME	GENDER	DOB	AGE	GRADE
1			<input type="checkbox"/> M <input type="checkbox"/> F	____/____/____ MM / DD / YYYY		
2			<input type="checkbox"/> M <input type="checkbox"/> F	____/____/____ MM / DD / YYYY		
3			<input type="checkbox"/> M <input type="checkbox"/> F	____/____/____ MM / DD / YYYY		
4			<input type="checkbox"/> M <input type="checkbox"/> F	____/____/____ MM / DD / YYYY		
5			<input type="checkbox"/> M <input type="checkbox"/> F	____/____/____ MM / DD / YYYY		
6			<input type="checkbox"/> M <input type="checkbox"/> F	____/____/____ MM / DD / YYYY		

Please complete reverse

Are there any known allergies, special needs or other important information we should know about?

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 Hope 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 Hope including, if requested by Hope, 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 Hope 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 Hope 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 Hope Kids or enroute to such activities, my child and I relinquish all rights to recover damages for any and all injuries sustained by my child during or enroute to activities. In consideration of Hope granting my child permission to participate in Hope Kids, I hereby release Hope Bible Church Niagara, its elders, staff, employees and volunteers from liability for injuries caused by negligence on their part.

I consent to images of my child(ren) taken while at Hope Kids being used by Hope Bible Church Niagara 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: _____