



WESTDALE PARK CHURCH – SUPER KIDS CLUB

REGISTRATION / CONSENT FORM

2024-2025

Grades 1 to 6

Child's Name: _____ Age: _____ Grade (as of Sept. 2024) _____

Allergies / Medical Conditions: _____

Child's Name: _____ Age: _____ Grade (as of Sept. 2024) _____

Allergies / Medical Conditions: _____

Child's Name: _____ Age: _____ Grade (as of Sept. 2024) _____

Allergies / Medical Conditions: _____

Parental / Guardian Information / Consent:

Name(s): _____ Relationship: _____

Home Phone#: _____ Cell # _____

Email Address: _____

Mailing address: _____ Postal Code: _____

Signature: _____

Person/s to be contacted in case of an emergency:

1) Name: _____ Phone: _____ Relationship to child/ren _____

2) Name: _____ Phone: _____ Relationship to child/ren _____

Do you have a church that you attend? Yes _____ No _____ If yes, where _____

NOTE: For your child's safety, children must be signed-in and signed-out of each meeting by a parent or guardian. If you have planned for your child to be picked up by someone other than the name(s) listed, please inform the Registrar. The pickup person should be prepared to show photo identification if necessary.

Photos: Photos may be taken of the participants both individually for souvenir purposes and in group settings. Do you allow the use of your child's photo for the promotional purposes of Westdale Park Church? (for example, Sunday morning PowerPoint presentation, newsletter, church directory; NOT Westdale Park FMC website or public Facebook page) NOTE: Names will not be included with the photo of your child.

_____ YES, you may use my child's photo _____ NO, you may not use my child's photo.

I give permission for the above-named child/ren to participate in the above-named activity and release Westdale Park Church, its volunteers, employees, and officers from any liability whatsoever for any injury or death to person or loss or damage to property sustained by the above named child/ren in attendance. In the event I cannot be reached in and EMERGENCY, I give permission for a WPFMC representative to secure medical treatment as deemed necessary for the child/ren named above.

Signature of parent / guardian _____

Date _____

Westdale Park Free Methodist Church

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www.facebook.com/westdalepark