

Chedoke Presbyterian Church,
865 Mohawk Road West,
Hamilton, Ontario L9C 7B9
Email: office@chedokechurch.ca
Web Site: www.chedokechurch.ca

KidsROC 2011 - 2012
Thursday Evening Children's Program
Please use a separate registration form for each child
\$145.00 registration fee enclosed
(maximum \$435.00 per family)



FULL PAYMENT IS REQUIRED BY DECEMBER 1ST, 2011. POST DATED CHEQUES ACCEPTED.

Full Name of Participant: _____
Last First

Birth date: _____ Grade as of Sept. 2011 _____ Age as of Sept. 2011: _____

Full address including postal code _____

Parent/guardian name (s) : _____

Circle the number when parent/guardian may be reached while the participant is in our care.

Home/residence phone: _____ Cell: _____ Work phone: _____

Does participant have any severe allergies or other medical condition that leaders should be aware of?

Yes No

If yes, please list and explain _____

Are there any activities in which the participant should not participate? _____

All reasonable precautions for the safety and health of the participant will be taken. He/she will be properly supervised in activities. In the event of accident or sickness, Chedoke Presbyterian Church, its staff and volunteers are released from any liability.

In the event of injury requiring medical attention, I authorize treatment for the participant and understand that reasonable attempts will be made to contact me, should such a situation occur.

The participant must be covered by provincial health insurance or equivalent medical coverage.

Participant's Health card number: _____

Participant's Family Physician: _____ Phone: _____

Contact person (not parent) in case of emergency and parents/guardians/caregivers cannot be reached:

Name: _____ Phone: _____

Name: _____ Phone: _____

Parent/Guardian Signature: _____

Parent/Guardian Name (PRINT): _____

I consent to allowing my CHILD to be photographed and those photos to be used in publications of Chedoke Presbyterian Church, including the web site of Chedoke Presbyterian Church.

Signature of Parent/Guardian:
Acceptance to conditions given above:

DATE: _____

PARENT VOLUNTEER INFORMATION

Name of Parent Volunteer (s): _____

As a parent/guardian, I agree to volunteer at KidsROC for at least 1 term (preferably 2 terms) throughout the year (ie. Elective leaders/Bible Study helper).

I will submit a Police Records Check (in cooperation with Chedoke Presbyterian Church*)

*Applications are available at Chedoke; a \$15.00 fee (reimbursed with submitted receipt) must accompany the application. Applicants must deliver applications to the Central Police Station, Records Branch, in person with 2 pieces of identification. Police Record Check s will then be mailed to the applicant's address. Once you have received your Police Records Check, bring the original to Chedoke. Chedoke will make a photo copy for our records and return the original to you.

Phone : _____ Email _____

Availability to Volunteer: _____ September-October '11 _____ November-December '11 _____

January-February '12 _____ March-April '12 _____