

# Kidzone Registration Form

*To be completed on date of first attendance. Remains valid for all future attendance.*

## Child's Information

Child's Name <i>(first &amp; last)</i>		Gender <input type="radio"/> M <input type="radio"/> F	Date of Birth
Allergies/Dietary Restrictions/Medical Concerns			Provincial Health Care #

## Parent/Guardian's Information

Name(s)			
Address			
Cell Phone	Work Phone	Home Phone	
Email Address		Church Affiliation	

## Declaration

**PARENT/GUARDIAN'S RESPONSIBILITY:** I understand that, for safety and security, organizers will not release my child except to myself (or other parent/guardian listed above), or to any other individuals whom I indicate below:

**/my representative will collect my child in a timely manner at the end of each program.** If circumstances arise where an individual not listed on this form will be collecting my child, I will notify Kidzone organizers in advance.

**MEDIA WAIVER:** I understand that my child may be photographed or videotaped during Kidzone events. I grant organizers and representatives permission for the reasonable use of sound recordings, pictures, and videos containing my child for promotional purposes.

**LIABILITY:** I expressly assume all risks of my child participating in Kidzone activities, whether such risks are known or unknown to me at this time. I further release and agree to indemnify and hold harmless Really Living Adventist Church and its ministers, employees, volunteers, and overseeing bodies, from any and all claims arising as a result of injury or illness of my child during such activities.

**VALIDITY OF REGISTRATION:** I understand that this registration form will be considered valid for as long as my child attends Kidzone with some degree of regularity. If there are any changes to the information I have stated above, I will notify organizers.

Parent/Guardian's Signature	Date
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**PURPOSES AND EXTENT:** Really Living Seventh-day Adventist Church is collecting and retaining this information for the purpose of serving your child while in our care, and to inform you of program updates and upcoming events at our church. Any medical information collected here serves to authorize the church and its staff/volunteers to obtain medical assistance in emergencies. All information received is confidential and will be maintained indefinitely as it is a requirement of the North American Division of Seventh-day Adventists and Adventist Risk Management Services. If you wish to review your child's information, please contact us.