



# HARVEST KIDS CHILD REGISTRATION FORM

PLEASE PRINT SLOWLY AND CLEARLY

WHO IS SIGNING THIS CHILD IN? [PLEASE CHOOSE]

**PARENTS:**

	First Name	Last Name
DAD		
MOM		

**OR GUARDIAN:** [Grandparent / Aunt or Uncle / Neighbour etc.]

	First Name	Last Name
GUARDIAN		

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Cell ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail: \_\_\_\_\_

**CHILDREN:**

	First Name	Last Name	Gender	DOB	Age	Grade
Child One			<input type="checkbox"/> M <input type="checkbox"/> F	____/____/____ DD / MM / YYYY		
Child Two			<input type="checkbox"/> M <input type="checkbox"/> F	____/____/____ DD / MM / YYYY		
Child Three			<input type="checkbox"/> M <input type="checkbox"/> F	____/____/____ DD / MM / YYYY		
Child Four			<input type="checkbox"/> M <input type="checkbox"/> F	____/____/____ DD / MM / YYYY		
Child Five			<input type="checkbox"/> M <input type="checkbox"/> F	____/____/____ DD / MM / YYYY		

**CHILD INFORMATION:**

Are there any known ALLERGIES, SPECIAL NEEDS or important information?

\_\_\_\_\_  
\_\_\_\_\_

**PLEASE SEE OVER...**

**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** \_\_\_\_\_