



Please Print Neatly

CHILD INFORMATION

CHILD ONE: First and Last Name: _____

Birth date(D/M/Y): _____ Age: _____

Health card number:: _____

Medical conditions/allergies {please note if severe!} : _____

.....

CHILD TWO: First and Last Name: _____

Birth date(D/M/Y): _____ Age: _____

Health card number:: _____

Medical conditions/allergies {please note if severe!} : _____

.....

PARENT/GUARDIAN CONTACT INFORMATION

Name of Parent\Guardian:: _____

Address:: Street _____ Apt/Unit # _____ PO Box _____

City _____ Postal code _____

Phone:: Home _____ Cell _____

Work _____ Email _____

EMERGENCY CONTACT INFORMATION

Name:: _____

Phone# _____ Address _____

Relationship to Child:: _____

There are other great programs being offered in our community that are run by other organizations and churches! Would you be interested in receiving information about other programs? This would require Youth Unlimited to pass on your contact information.

- YES please pass on my contact info for programs that are suitable for my child
- NO I am not interested at this time

PHOTOGRAPHS

I DO , I DO NOT authorize Kawartha Youth Unlimited to take, use and own, in perpetuity, names, photographs, or recordings of the youth; understanding that these photos or recordings may be used for public promotional purpose (newspaper articles, newsletters, etc.). Kawartha Youth Unlimited does not sell or give away any recorded materials or mailing list information.

I, the undersigned, give permission for the following youth in my care _____ to participate in the event set forth by Kawartha Youth for Christ / Youth Unlimited and any of its subsidiary programs. Furthermore I do not hold Kawartha Youth for Christ / Youth Unlimited or any of its subsidiary programs responsible for any harm that may occur to _____ as a result of his/her wilful participation in the event.

Name of legal guardian offering permission:

Signature of Parent / Legal Guardian:

Date:

For Office Use Only: Paid In Full Amount _____ Amount Owing _____