

General Release and Hold Harmless Agreement

I _____ am the parent or legal guardian of _____ (the minor), who desires to participate in various programs, events, or activities (Hereinafter collectively referred to as the "Activities") operated or sponsored by Village Kids. I understand and acknowledge that Village Kids will not allow the minor to participate in the Activities without releasing and holding any of the sponsors harmless from any liability arising out of the minor's participation in the Activities and fully understand and assume such risks on his or her behalf. Specifically, I understand and acknowledge that the minor may suffer or experience, among other things, personal injury or bodily damage, medical disabilities, loss or theft of personal property, imprisonment, abduction and even death. I request that the church allow the minor to participate in the Activities, and in consideration thereof agree herby to release and forever discharge the church, its officers and directors, and its employees, agents and any parties volunteering on behalf of the church from all actions, causes of action, injuries, claims, damages, costs or expenses of any kind growing out of or related to any such activates in which the minor participates. I understand that this is full and complete release of all injuries and damages which I or the minor may sustain as a result of his or her participation in any activities, regardless of the specific cause thereof. I further acknowledge and agree that I have given my consent for the minor to remain in the custody of the church's representatives while participation in the Activities. This agreement is binding on the minors, heirs, successors, and personal representatives.

Medical Treatment Authorization and Power of Attorney

In the event the minor suffers an injury or condition during his or her participation in the Activities, including transportation to and from Activities, which me endanger his or her life, cause disfigurement, physical impairment, or undue discomfort if medical treatment is delayed, and reasonable attempts to conduct me and my spouse have been unsuccessful, I hereby appoint a Village Kids reprehensive as my agent to act for me and in my name (in any way I could act in person) to make any and all decisions for the minor concerning his or her personal care, medical treatment, hospitalization and health care. This power of attorney and delegation of authority shall terminate when the agent is first able to contact me or my spouse.

This Information is for The Sole Use of the Village Kids After School Program

Signed: _____ Dated: _____

Signed: _____ Dated: _____
Parent/Guardian – Individually

FREE

AFTER SCHOOL
PROGRAM

THURSDAYS 2:30-5:00

VillageKids

GRADES
K-5

...and Village Tots

ART

BIBLE

FITNESS

HEALTHY SNACKS



in partnership with



Northview
COMMUNITY CHURCH

33218 Marshall Rd. - 604.859.8244 - info@abbyfree.com

What is the focus?

AbbyFree Church in partnership with Northview Community Church are offering an after school program for children in Kindergarten to Grade 5 at AbbyFree Church (33218 Marshall Rd.) on Thursday afternoons from 2:30-5:00pm. We want to give children opportunities to participate in a variety of fun, safe and supervised activities.

Fun, fitness and healthy snacks!

Get moving! We have fun while playing active games in our gym. Students participate in structured play and will get more out of it than just exercise. They will also learn interpersonal skills while playing with other kids. We want to teach the children about living a healthy lifestyle. We will also provide healthy snacks for the students when they first arrive and send them home with one as well!

Arts, crafts and Bible stories!

We also aim to have high quality arts and crafts for the children to stretch their creativity and imaginations. A part of our time is also to teach the kids different stories and lessons from the Bible.

What do we need from you?

There is no cost for you, all you need to do is to please fill out the following consent portions of this brochure. Be sure to carefully read all permission sections and the general release on this registration, the signed form needs to be returned to Village Kids or the AbbyFree Church office.

Your child's health and personal information is collected to ensure the safety and well-being of each person involved in this after school program. This information will only be seen by our program staff and will be kept in a secure place. Please contact our church for our complete privacy policy.

I hereby authorize the staff of Village Kids to take video and still photos of my child during the after school program. These videos and still photos will be used for promotion of the program by AbbyFree Church and Northview Church. I understand Village Kids retains the sole right to use these photos and videos for publicity and advertising purposes.

I, _____ (parent/guardian) have read, understood and agreed with the above and hereby release all parties associated with this after school program to take video/ still photos of my child(ren) for program promotion purposes.

Registration & Medical Form

Student Name: _____ Age: _____ Grade: _____

Sex: M F Date of Birth: _____

Address: _____

City: _____ Postal Code: _____

Parent/Guardian Name: _____

Phone: _____ Cell: _____

Work: _____ e-mail: _____

Anything we should know about your child:

Child's Care Card Number: _____

Emergency Contact (if we are unable to reach you in the case of an emergency, please give us someone else's name & phone numbers.)

Name: _____

Phone Numbers: _____

Medical Alert: Does your child have or ever had the following? (Check all that apply)

- Seizures
- Asthma
- Neck Problems
- Nose Bleeds
- Back problems
- Fainting Spells
- Heart problems

Has your child had any of the following in the last year? (Check all that apply)

- Head injury
- Overuse injury
- Major surgery
- Fractures

Please list any allergies your child may have:

Please list any medications currently being used:

List any other health problems/important information that could jeopardize safety:

Date of last Tetanus: _____

****Please sign the General Release on the back of this registration****