

Kids Outdoor Zone

Application, '22-24



PARTICIPANT(S) INFORMATION					
1) CHILD'S NAME:		GRADE	:	AGE:	
Date of Birth (mm/dd/yyyy):	Email:				
School:	Church:		CareCard #:		
Health condition/allergies to be aware of:					
2) CHILD'S NAME:		GRADE	:	AGE:	
Date of Birth (mm/dd/yyyy):	Email:				
School:	Church:		CareCard #:		
Health condition/allergies to be aware of:					
3) CHILD'S NAME:		GRADE	:	AGE:	
Date of Birth (mm/dd/yyyy):	Email:				
School:	Church:		CareCard #:		
Health Condition/allergies to be aware of:	-				
4) CHILD'S NAME:		GRADE	:	AGE:	
Date of Birth (mm/dd/yyyy):	Email:				
School:	Church:		CareCard #:		
Health condition/allergies to be aware of:					
PARENT/GUARDIAN INFORMATION					
Mother's/Guardian Name:		Father's/Guardian Name:			
Cell Phone:		Cell Phone:			
Home Phone (if different):		Home Phone (if different):			
Parent/Guardian E-mail:		Parent/Guardian E-mail:			
Address:					
City:		Province:	Postal Code:		
Participant Lives With: [] Both Parents [] Mother [] Father [] Other:					
Home Church:					
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WANT TO STAY CONNECTED?

We want you to stay connected!

Join our Facebook page <u>Kids Outdoor Zone - South Abbotsford Church</u> for great photos and awesome info! Make sure you are getting our weekly update email that comes out every Tuesday for all the fun happenings!

EMERGENCY CONTACT					
Name of contact not residing with you:		Primary Phone #:			
Address:		Relationship:			
City:	Province:	Postal Code:			
MEDICAL INFORMATION					
Family Doctor:	Phone #:				

PHOTOGRAPHIC PERMISSION:

(Please be aware that by permitting photographs, it is an incredible help to our team in terms of sharing and reporting after events)

I hereby grant permission to the leaders of KOZ and South Abbotsford Mennonite Brethren Church to photograph and/or video record my child for program and general church use including, but not limited to, highlight videos, photo directories and website galleries.

YES: [] NO: [] PARENT INITIALS: _____ PARTICIPANT INITIALS: _

MEDICAL INTERVENTION PERMISSION:

I hereby grant permission to the leaders of KOZ and South Abbotsford Mennonite Brethren Church to administer medications, including epinephrine (i.e. EpiPen), and/or provide other first-aid as their training and/or general knowledge allows.

YES: [] NO: [] PARENT INITIALS: _____ PARTICIPANT INITIALS: _____

Please be sure to list all known allergies including allergies to medicines in the space provided above for each child.

SOCIAL MEDIA PERMISSION:

(Please be aware that we will only use a participant's first initial &/or KOZ nickname when posting – no actual names will be posted. This gives us an opportunity to share the positive experiences and impact that KOZ is having in boys' lives.

I hereby grant permission to the leaders of KOZ and South Abbotsford Mennonite Brethren Church ("SAC") to post photos and stories that include my child/me for the express purposes of highlighting KOZ and SAC programs and activities on various social media sites.

YES: [] NO: []

PARENT INITIALS: __

PARTICIPANT INITIALS: ____

This signature will be valid for <u>ALL</u>Church facilitated, sponsored, and organized events related to Kids Outdoor Zone from Feb 1, 2022 until Feb 1, 2024.

Parent/Guardian Name (Printed)

Parent/Guardian Signature

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Date