

**REGISTRATION FORM 2017**  
**SUMMER IN THE CITY DAY PROGRAM**



**WHO:** Children SK to Gr 7  
(Note: must be entering Gr 7 as of Sept 2017)

**WHAT:** **Superheroes for God!**  
**The power of love within us**

**WHERE:** Edith Rankin Memorial United Church  
4080 Bath Road, Kingston

**WHEN:** August 14-18, 2017, 9:00 am to Noon

**Registration Forms by July 17 to:**  
*Edith Rankin Memorial United Church*  
*4080 Bath Road, Kingston, ON K7M 4X7*  
*613-389-2530*  
*Email: rev.stairs@ermuc.ca*

Maximum Registration = 25 (after full registration - waiting list).

Children must be dropped off no earlier than 8:30 am and picked up no later than 12:15 pm  
by an adult/guardian who will sign for pick-up

**Parent/Guardian Consent and Participant Information:**

I, \_\_\_\_\_ (parent/guardians name) hereby consent to my  
child/children [Name(s)]: \_\_\_\_\_

Grade(s) as of 2017-2018 school year: \_\_\_\_\_

participating in the **Summer in the City Day Program.**

Contact Information: (Phone Daytime #) \_\_\_\_\_ (Cell #) \_\_\_\_\_

(Email) \_\_\_\_\_

Name of Parent(s)/Child/Children's Church (if applicable) \_\_\_\_\_

Church Address: \_\_\_\_\_

Early Registration Fees: \$40/child; \$70/family. Enclosed: \$ \_\_\_\_\_

**After July 17:** \$50/child/\$80 family. Enclosed: \$ \_\_\_\_\_

How did you find out about the program?

- Four Winds Presbytery Email
- Poster
- From my Minister or Sunday School Leader
- From Local Newspaper Community Listings
- Other (please specify) \_\_\_\_\_

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*I understand that the program and its activities will take place on the church premises and adjacent green spaces and that my child/children will be under supervision during the event by leaders who have up-to-date police record checks. I understand that Four Winds Presbytery and Edith Rankin Memorial United Church, their employees and volunteers, cannot be held responsible for any accidents which might occur, including those arising from indoor and outdoor activities. I hereby release and agree to indemnify Four Winds Presbytery and Edith Rankin Memorial United Church, their employees and volunteers from any and all liability arising from claims of any kind or nature whatsoever from my child's/children's participation in this program.*

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date

#### Permission for Pictures to Appear in Group Photos

Pictures of adults and children in Four Winds Presbytery activities helps to attract new families to our United Church congregations. However, we are aware of restrictions for families or children in some situations. There is certainly no obligation to give your permission.

This registration form includes this section whereby you can give signed permission for pictures, without names, in group photos, to appear on the Presbytery webpage or the webpages, bulletin boards, or church publications of the United Churches collaborating to deliver this program (Edith Rankin Memorial United Church and Crossroads United Church). All pictures to be used will be cleared by the Summer in the City Day Program Administrator, Jean Stairs. Every effort by those involved will be made to honour the wishes of the parents/guardians.

I \_\_\_\_\_ parent/guardian of \_\_\_\_\_

- 
- Give Permission
  - Deny Permission

for the child/children named above to have pictures appear.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

Facilitation of Learning:

In order to facilitate your child's learning, any information about physical, emotional, family, behavioural or learning issues that could affect your child's participation would be helpful (please note that this information will only be shared with your child's program leader(s):

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Medical Permission:

For the administration of first aid, as required, to my child/children, \_\_\_\_\_, I hereby grant permission to those individuals leading/supervising this event to make the necessary referrals to qualified physicians for the treatment of any illness or accidents of a more serious nature. I understand that I will be promptly notified, if possible, in the event of any illness or serious accident. In the case of a medical emergency, I understand that every effort will be made to contact me. If I cannot be reached, I hereby give permission to any attending physician to take all appropriate medical steps to treat my child for any illness or accident that may arise, if deemed necessary for my child's health and well-being.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone (Daytime) \_\_\_\_\_ Health Card # \_\_\_\_\_

Name of Family Physician and Phone # \_\_\_\_\_

Please list all allergies, if any, and current medications: