Girls Empowherment Program

PROGRAM DATE:

PARTICIPANT FIRST NAME:	PARTICIPANT LAST NAME:	PARTICIPANT PREFFERED NAME:

DOB DD/MM/YY   MALE ☐   FEMALE ☐   AGE: GRADE: SCHOOL:

ADDRESS: APT#   CITY: POSTAL CODE:

PARENT NAME:	EMERGENCY CONTACT:
PRIMARY CONTACT NUMBER:	EMEGENCY CONTACT NUMBER:
SECONDARY CONTACT NUMBER:	ALTERNATIVE PICK UP:	ALTERNATIVE PICK UP CONTACT:
EMAIL ADDRESS:	ALTERNATIVE PICK UP:	ALTERNATIVE PICK UP CONTACT:

MEDICAL INFORMATION

Is the child on any medication?   Yes ☐   No ☐
If so, please specify:_____

Does medication need to be administered during programs?   Yes ☐   No ☐
If so, please specify:_____

Does the child carry an EPI pen?   Yes ☐   No ☐
Medical Conditions: Asthma ☐   Seizures ☐   ADD/ ADHD ☐
Other:_____

Does your child have any allergies, disabilities and/or infirmities that would redistrict his/her participation in the program?   Yes ☐   No ☐
If so please specify reaction and/or treatment:_____

Does your child have any special dietary needs? Yes ☐   No☐
If so please specify:_____

AUTHORIZATION

I hereby give permission for the above named child to participate fully in activities sponsored or organized by Kidnetix Kidz Association Inc., both on and off site activities and trips, questionnaires or surveys, unless otherwise indicated in writing. I agree to the use of photographs, digital images, video or audio recordings of this child without consideration for the purposes of public education and publicity for Kidnetix Kidz Association Inc. The parent or guardian submitting this application or those having legal custody over the child are legally responsible for the payment of fees and any other expenses incurred by the child.

Although it is understood that all reasonable precautions shall be taken to prevent the spread of virus including (but not limited to) COVID-19 and prevent personal injury, damage and/or loss of property, Kidnetix Kidz Association Inc. and its employees, instructors, leaders, volunteers or other agents and representatives, are hereby absolved and released from any and all responsibility for spread of viruses, personal illnesses, personal injury, death, property damages, and expenses or loss sustained by us as a result of the above mentioned child's participation in all activities due to any cause whatsoever, including without limitation, negligence, breach of statuary duty including duties arising from occupiers liability legislation, on the part of Kidnetix Kidz Association Inc., and it's staff howsoever caused. I also give permission for emergency medical treatment to be carried out, should it be required, with the understanding that Kidnetix Kidz Association Inc. will attempt to contact me at the phone number listed on this form.

I hereby certify that I have read and accept all the above conditions. Applications cannot be accepted without a parent or guardian signature and full payment.

_____   _____
PARENT OR GUARDIAN NAME   PARENT SIGNATURE   DATE

OFFICE USE ONLY

T-shirt Size_____ ☐ Received

Method of Payment   ☐ Cash ☐ Interact ☐ Cheque ☐ Credit Card ☐ Agency_____   Agency Contact:_____ Attached Invoice ☐

Amount Per Week $_____   Sibling ☐

Total Payment $_____   PIF ☐

Subsidy Approved ☐ Yes ☐ No   Provider_____

Subsidised Amount $_____

Extended Care

KIDNETIX RESERVES THE RIGHTS TO MAKE CHANGES TO PROGRAM ACTIVITIES