

Crossroads KIDVENTURE 2017

L.I.T. REGISTRATION

Name _____

Address _____

Phone _____ Email Address _____

Home Church (if applicable) _____

Emergency Contact person _____

Relation _____ Phone _____

Birthdate (incl. year) _____ Entering Grade _____

BC Carecard # _____

Known Allergies, Special Needs or Medical Concerns:

T-Shirt Size: **S-M-L** (ADULT) _____ OR **M-L** (CHILD) _____

I will be able to take part in **Crossroads KIDVENTURE** from 8:30–12:30pm on the following days (please check all that apply):

- Sunday, July 9th (**set-up after church 12–3pm**)
- Monday, July 10^h
- Tuesday, July 11th
- Wednesday, July 12th
- Thursday, July 13th
- Friday, July 14th **& clean up (until ~3pm)**

I give permission for my son/daughter _____ to participate in the KIDVENTURE Leaders In Training Program for 2017. I understand the importance and the commitment of attending the training sessions, which include:

- **Youth In Leadership Introductory Session June 2nd from 6:30 – 9pm**
- **All Volunteer Leadership Training Event June 3rd from 9am-3pm**
- **Youth in Leadership Training Session June 24th from 9am – 3pm**

I authorize the directors of this program to seek emergency medical attention, on the advice of first aid personnel, should the need arise for my child.

Parent Signature

Date

LIT Signature

Date