

# Crossroads KIDVENTURE 2017

# REGISTRATION FORM

Family Name \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_  
Address (incl. city) \_\_\_\_\_  
Postal Code \_\_\_\_\_ Phone (Day) \_\_\_\_\_ (Cell) \_\_\_\_\_  
Email Address \_\_\_\_\_  
Home Church (if applicable) \_\_\_\_\_  
Emergency Contact Person \_\_\_\_\_  
Relation \_\_\_\_\_ Phone \_\_\_\_\_

**FOR  
REGISTRAR  
USE ONLY:**

**Total Paid:**

Cheque# \_\_\_\_\_  
 Cash

**1<sup>st</sup> Child's Name** \_\_\_\_\_ Entering Grade \_\_\_\_\_  
Birthdate (incl. year) \_\_\_\_\_ BC Carecard # \_\_\_\_\_  
Known Allergies, Special Needs or Medical Concerns \_\_\_\_\_

**1<sup>st</sup> Child T Shirt**  
Circle One Size:  
Child XS S M L  
Adult S M L

**2<sup>nd</sup> Child's Name** \_\_\_\_\_ Entering Grade \_\_\_\_\_  
Birthdate (incl. year) \_\_\_\_\_ BC Carecard # \_\_\_\_\_  
Known Allergies, Special Needs or Medical Concerns \_\_\_\_\_

**2<sup>ND</sup> Child T Shirt**  
Circle One Size:  
Child XS S M L  
Adult S M L

**3<sup>rd</sup> Child's Name** \_\_\_\_\_ Entering Grade \_\_\_\_\_  
Birthdate (incl. year) \_\_\_\_\_ BC Carecard # \_\_\_\_\_  
Known Allergies, Special Needs or Medical Concerns \_\_\_\_\_

**3<sup>RD</sup> Child T Shirt**  
Circle One Size:  
Child XS S M L  
Adult S M L

> I give permission for my son(s)/daughter(s), \_\_\_\_\_ to participate in "**Crossroads KIDVENTURE**" sponsored and led by Crossroads from July 10<sup>th</sup> to July 14<sup>th</sup>, 2017. I authorize the directors of this event to seek emergency medical attention for my child, on the advice of first aid personnel, should the need arise.

> My signature below indicates that I understand my child's photo may be taken during day camp activities and may be used in Crossroads newsletters, slideshow presentations, etc. or in publications regarding this event.

> Information gathered on this form will be used only for the purposes of Crossroads KIDVENTURE and the sponsoring church, Crossroads United Church. It will not be sold to or shared with other organizations in any way.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Registration Fees:** \$30 per child – includes a T-Shirt (\$75 max per family)

Please make cheques payable to Crossroads United Church

Our hope is that this program is accessible to all. If you need financial assistance in order to attend this event, please contact Gabrielle McLarty at Crossroads: 778-593-1043.

If you would like to support this ministry by making a tax-deductible donation above the registration cost, thus enabling all families, despite their financial situation, to participate in KIDVENTURE, we will send you a receipt.

*\*\*We are unable to process your registration unless it is complete with payment. Please register early to avoid disappointment.* **Registration Deadline: June 30, 2017**

**Registrations can be mailed or dropped off to:** Crossroads United Church, 7655 120 Street, Delta BC V4C 6P6  
KIDVENTURE Registrar, Gabrielle McLarty, can be reached at [gabrielle@crossroads-united-church.ca](mailto:gabrielle@crossroads-united-church.ca)