



# **Club K.I.D.S.**

## **Registration Package**

### **2019 – 2020 School Year**

Club K.I.D.S. Central

Club K.I.D.S. Cherry Hill

Club K.I.D.S. ESR

Club K.I.D.S. Hatzic

Club K.I.D.S. Hillside

Club K.I.D.S. McMahon

Club K.I.D.S. Morrison

Club K.I.D.S. Silverdale

Club K.I.D.S. West Heights

Club K.I.D.S. Windebank



# Club K.I.D.S. Registration Checklist

All registration packages must be 100% complete with all required documents attached to be accepted for registration of participants. It is a requirement for licensed programs to have all necessary documents and forms completed prior to registration. This will ensure staff are able to plan an appropriate and rewarding experience for your child at the Club K.I.D.S. program.

Completed registration packages must include the following:

- Record of Information.....PAGE 5
- Photo Consent.....PAGE 6
- Field Trip Consent.....PAGE 6
- Health Information.....PAGE 7
- Important Information.....PAGE 8
- Emergency Card/Consent.....PAGE 9
- Current Picture.....PAGE 9
  
- Attached Allergy Form (if applicable, form available upon request)
- Attached Immunization Form OR Status Declaration Form (if applicable, form available upon request)
- Attached Custody Agreements or Court Orders (if applicable)

## Club K.I.D.S. Registration Information

Submission of the Club K.I.D.S registration package must be done in person at the Mission Leisure Centre. Once the registration package has been completed, registration is ongoing seasonally and can be done in person or over the phone.

Club K.I.D.S. registration is done seasonally. Registration Dates for the 2019-2020 school year are as follows:

- Fall registration – September to December

<b><u>Tuesday, July 16 @ 7:30pm</u></b> McMahon Central Hatzic	<b><u>Wednesday, July 17 @ 7:30pm</u></b> ESR Morrison Silverdale West Heights	<b><u>Thursday, July 18 @ 7:30pm</u></b> Hillside Windebank Cherry Hill
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- Winter registration – January to March – October 2019, dates TBA
- Spring registration – April to June – February 2020, dates TBA

Emailed or faxed registration packages are not accepted. Completed packages with all required forms and documents attached will only be accepted.

There are no reserved days for Club K.I.D.S.. Available dates are based on a first come, first serve basis. Any spots registered require a payment before registration can be complete. Registered dates are based on the availability of spaces at each school and the need of each family. Half days or early dismissals are an extra charge and any camp days are registered for separately. Club K.I.D.S. is in session from school dismissal until 6:00pm daily.

Registrations are taken up until 8:00pm the night before, provided space is available at your desired school. Payment is due at the time of registration. Cancellations will be taken up to 8:00pm the night before in order to receive a refund. **Please note:** it is the child's responsibility to arrive to the CK classroom after school. Staff are not able to pick up children from their classrooms.

*Registration Inquiries:*  
Mission Leisure Centre  
7650 Grand Street  
Mon- Fri 5:30am-10:00pm,  
Sat 7:00am-9:00pm, Sun 10:00am-9:00pm  
604-820-5350  
Email: [leisureservices@mission.ca](mailto:leisureservices@mission.ca)

**Participant Info:**  Camp  CK: \_\_\_\_\_ Date of Enrolment: \_\_\_\_\_

Child's Name: \_\_\_\_\_

(First Name)

(Last Name)

Birthdate (dd/mm/yyyy): \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Home Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Care Card #: \_\_\_\_\_

Doctor Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Does your child have a life threatening allergy?**  Yes or  No (check one)

What is the life threatening allergy to? \_\_\_\_\_

\*\* If **YES**, please complete an Allergy Alert form. To receive these forms, please visit the Mission Leisure Centre Front Desk or email [leisureservices@mission.ca](mailto:leisureservices@mission.ca)

**Child's Immunization History:**

YES, my child's immunization is up to date (please attach a copy to this package)

NO, my child's immunization record is incomplete OR I do not know the status

\*\* If **NO**, please complete a Status Declaration Form. To receive these forms, please visit the Mission Leisure Centre Front Desk or email [leisureservices@mission.ca](mailto:leisureservices@mission.ca)

**Family Information**

A. Parent / Guardian Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Phone #'s: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

B. Parent / Guardian Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Phone #'s: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

Do you have a custody agreement?  Yes or  No (check one)

\*\*If **YES**, please provide a copy of the agreement and written instructions on a separate piece of paper that the Club K.I.D.S. staff can follow in regards to the agreement.

**Emergency/Authorized Pick Up Contact Information**

If I am not available, **I authorize the following people to be called in the event of an emergency and/or to pick up my child** from a Mission Parks, Recreation & Culture activity. *At least one out of province # is required.*

Alternate Contacts	Relationship to Child	Day Contact #
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	Out of Province Contact #	_____

[ ] I cannot provide an Out of Province contact name / number and understand that I may not be contacted in the event Provincial telephone lines are inaccessible following an earthquake.

Please note that any new pick up persons who staff do not have on the list ahead of time and/or are not familiar with will be asked for ID to verify their identity. Please ensure Club K.I.D.S. staffs are up to date regarding authorized pick up persons for your child. If someone new is picking up your child please call the **Mission Leisure Centre** to notify staff prior to pick up time.

## Photos

I, \_\_\_\_\_, parent/guardian give consent for my child, \_\_\_\_\_, to be  
(parent name) (child's name)  
photographed and the pictures to be used solely for the purpose of promoting District or Mission programs.

Yes or  No (check one)

## Field Trips

Some programs may include outdoor activities. Parents/guardians are required to sign this permission clause in order to allow off-site excursions to locations such as the Mission Leisure Centre, local parks, fields and external facilities.

I, \_\_\_\_\_, parent/guardian of, \_\_\_\_\_, to go on a supervised trip with  
(parent name) (child's name)  
staff of the District of Mission.

## Parental Consent Form

I consent to my child's participation in the Program named on the reverse of this form. I am aware that there are risks associated with participation in the Program, including the risk of injury, and I consent to my child's participation in spite of such risks.

I acknowledge that it is my responsibility to advise the District of Mission of any medical or other conditions that may affect my child's participation in the Program.

**In the event that my child requires medical attention, I consent to my child being transported to the nearest emergency centre, including by ambulance if necessary, and accept that I am responsible for any costs associated with it.**

By signing this form I acknowledge that I have read this Consent Form and understand and accept its terms.

## Release of Liability

- I acknowledge that there are risks associated with participation in any physical training, exercise, sports, adventure or activity program. I have informed myself and understand the risks associated with my participation in the Program in which I have registered and (where applicable) my use of the facilities, including the risk of personal injury, and freely accept these risks.
- I understand that I am free to withdraw from or reduce my participation in the Program at any time.
- I acknowledge that facility staff may limit my access to the Program or facilities in the event of any misuse of the facilities or misconduct on my part.
- I am not aware of any medical condition that would affect my ability to participate in the Program. If I have any concerns about my medical condition, I will consult with my physician before participating in the Program.

**Release and Waiver:** In consideration of the acceptance of my registration for the Program, I hereby for myself, my heirs, executors, administrators, or any others who may claim on my behalf, **covenant not to sue**, and hereby **waive, release and discharge** the District of Mission, and anyone acting for or on the District's behalf, from **any and all claims of liability** for personal injury, illness, loss of life or property damage of any kind or nature, arising out of or sustained in the course of my participation in the Program. This Release and Waiver applies to all claims, foreseen or unforeseen, including negligence and breach of statutory or other duty of care (including that owed under the Occupier's Liability Act).

**I recognize that by agreeing to this statement I am waiving certain legal rights, including the right to sue.**

I have read, understand and agree with the information listed relating to the District of Mission Parks Recreation & Culture Department Refund Policy, Parental Consent, Release of Liability and Parent Contract.

Parent Signature: \_\_\_\_\_

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

Print Name: \_\_\_\_\_

**Health Information**

*Please ensure all information is completely filled out as this information is used for staff to provide medical treatment and information for your child in the event of an illness or injury.*

Does your child:

Have any medical conditions (i.e. asthma, seizures)?

Yes or  No if **YES**, please explain below

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Take any medications (include type, dosage, times of self-medication)?

Yes or  No if **YES**, please fill out consent to administer medication form

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Have any allergies (include those to food, medication, sunscreen and environment)?

Yes or  No if **YES**, please explain treatment

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Describe any concerns you may have regarding your child's development (i.e. behavioral, vision, hearing, speech, language, mobility, etc.)

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Please list any other comments or concerns that you have:

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## Important Information

Does your child know how to swim?  Yes or  No (check one)

\*\*If **yes**, please indicate the highest level of swim lessons they have completed \_\_\_\_\_

Do you give us permission to administer sunscreen to your child?  Yes or  No (check one)

\*\*Please note, it is the parent/guardians responsibility to send their child with adequate protection while attending a District of Mission program (i.e. sunscreen, proper clothing/footwear, enough food, etc.)

Please list any family information or special instructions the Club K.I.D.S. staff should be aware of while your child is in care:

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What are your child's strengths?

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What kinds of things may upset your child?

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What kinds of things help to settle your child?

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What are your child's preferred activities?

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### Emergency Card

Name of Facility: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Sex: M/F  
Address: \_\_\_\_\_

Parent/Guardian A:

Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Parent/Guardian B:

Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Emergency Contact #1:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Emergency Contact #2:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medication: \_\_\_\_\_

Doctors Name: \_\_\_\_\_ Doctor's Phone #: \_\_\_\_\_

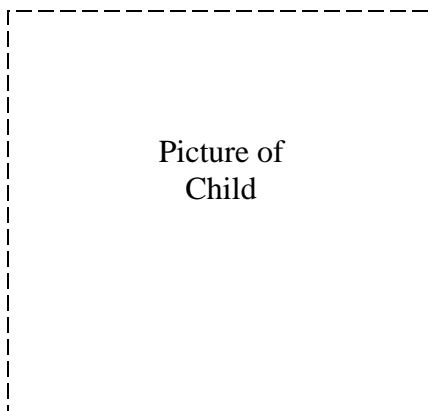
Care Card #: \_\_\_\_\_

### Consent Card

I consent to my child's participation in the Program named on the reverse of this form. I am aware that there are risks associated with participation in the Program, including the risk of injury, and I consent to my child's participation in spite of such risks.

I acknowledge that it is my responsibility to advise the District of Mission of any medical or other conditions that may affect my child's participation in the Program.

**In the event that my child requires medical attention, I consent to my child being transported to the nearest emergency centre, including by ambulance if necessary, and accept that I am responsible for any costs associated with it.**



Parent Name (print): \_\_\_\_\_

Parent Signature: \_\_\_\_\_

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

