



THE SALVATION ARMY



iKids Program

REGISTRATION AND HEALTH FORM

APPLICANT'S NAME _____
Last name First name

Address _____ Apt. # _____

City _____ Postal Code _____

Gender: Male _____ Female _____ Birth date (dd) _____ (mm) _____ (yy) _____ Age _____ Grade _____

Parent /Guardian _____
Last name First name

Phone: Home () _____ Work () _____ Cell () _____

Email Address: _____

If the above are unavailable, in case of emergency please notify:

_____ Last name First name Relationship

Phone: Home () _____ Work () _____ Cell () _____

Address: (If different from above) _____ Apt. # _____

City _____ Postal Code _____

Please list any health concerns that you feel that we should know about, (i.e. Allergies, behavioral concerns, dietary issues): _____

Please list all treatments _____

I hereby allow my child to attend iKids Program at The Salvation Army Cobourg Community Church. I also give permission for him/her to participate in all activities that are held on the church property. All activities off church property will be brought to your attention and consent will be asked.

Periodically, photos and stories about events are used by The Salvation Army and are published in the Salvation Army's periodicals, websites, Facebook page and in the local newspapers. The Salvation Army has my signed permission for my child's name and/or photograph to be used. _____ (*parents signature*)

I hereby release The Salvation Army; it's Officers, employees, servants, agents, and volunteers in respect to any loss, illness, injury or damage whatsoever suffered by, or in relation to my child or ward.

I hereby indicate I have disclosed to The Salvation Army all relevant medical and physical information with respect to him or her.

_____ DATE

_____ SIGNATURE OF PARENT / GUARDIAN