



Student Application Form

Afternoon Adventures is an after school program facilitated by volunteers from Main Street Church for students at McCammon Elementary. This program provides a fun and safe environment where strong relationships are formed.

This year we will be offering Afternoon Adventures on _____ for students in grade _____. We collect and retain this personal information for the purpose of enrolling your child(ren) in our program. For more information, please contact the school office or email _____ at _____ or visit afternoonadventures.ca

General Information

Child's Name _____

Gender _____

Age _____

Grade _____

Birth Date _____

Parent/Guardian Name(s) _____

Address _____

Phone _____

City _____

Province _____

Postal Code _____

Email _____

Does your child have any physical (allergies or conditions), emotional, behavioral concerns or limitations that our staff should be aware of? Yes No

If yes, please specify:

Does your child take medication at school? Yes No

If yes, please specify:

Do you attend a church? Yes No

If yes, which one?

Afternoon Adventures is made possible by the support of the following:



Emergency Contact Information

In case of an emergency, contact the following person (other than parent):

Name

Relationship

Address

Home Phone

Work Phone

Cell Phone

Pick Up Authorization

- My child walks home from school and does not require an adult to pick them up after the program
- I pick up my child
- If I am unable to pick up my child, the following person is authorized to do so:

Name

Relationship

Address

Phone

Is there anyone who may have absolutely no contact with your child? Yes No

If yes, please list name(s):

Waiver and Release of Liability

In consideration of Main Street Church, including its leaders, volunteers and administrators that have permitted me to attend and participate in this program, I hereby waive all rights which I may now have or which may accrue in the future against the above mentioned parties. I hereby release and discharge them, holding them harmless from and against all liability for any and all action, damages, causes of action, suits, costs, losses, expenses, claims, demands, damages, and judgments which I and my entire family ever had, now have, or hereafter can, shall, or may have resulting from or arising in connection with my involvement with these organizations. I/We as the parent/caregiver/guardian accept the terms of this waiver and release of liability as a condition to my child's attendance of this program.

Additionally (please check each box):

- I understand that my child is responsible for his/her behaviour. Negative actions, attitudes or language may result in removal from the program.
- I give permission for photos or video of my child's participation to be used for promotional purposes, social media, website, newsletters and/or videos.
- I have read and signed the separate waiver and release of liability off campus forms giving my child(ren) permission to participate in off campus activities during Afternoon Adventures.

Name

Date

Signature