

# CLUBHOUSE REGISTRATION INFORMATION

Name of Child: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: D \_\_\_\_\_ M \_\_\_\_\_ Y \_\_\_\_\_ Grade: \_\_\_\_\_

Siblings: \_\_\_\_\_

Custodial Parent(s)/Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_ Postal Code \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Non-Custodial Parent: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_ Postal Code \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contacts:

1. \_\_\_\_\_ Phone \_\_\_\_\_

2. \_\_\_\_\_ Phone \_\_\_\_\_

3. \_\_\_\_\_ Phone \_\_\_\_\_

## MEDICAL INFORMATION

Does your child have any life-threatening allergies? Y or N

If yes, please explain: \_\_\_\_\_

Does your child have any severe allergies? (Bee Stings, food, penicillin, other drugs) Y or N

If yes, please explain: \_\_\_\_\_

Is your child bringing any medication (Antibiotics, ventilator, Ritalin) with him/her? Y or N

If yes, please explain: \_\_\_\_\_

Approx. Date of last Tetanus Shot: \_\_\_\_\_

Does your child have any medical, physical, emotional, mental or behavioural concerns or limitations that our staff should be aware of? Y or N

If yes please explain: \_\_\_\_\_

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Your child must be covered by Provincial Health Insurance or equivalent medical insurance

Provincial Health Insurance Number: \_\_\_\_\_

Name of Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

While I am aware that precautions are taken for the safety and health of my child, in the event of an accident, medical emergency or sickness, I hereby agree that Parry Sound Pentecostal Tabernacle, its staff and volunteers are released from any liability as to cause or procedure in dealing with such. Furthermore, I agree to the following procedure. Should an accident or illness occur that appears in the discretion of the Clubhouse leadership to warrant my child being returned home, I shall be contacted and/or my child shall be transported home by myself or the church. If in the discretion of the Clubhouse leadership, it is felt that my child should be taken immediately to the emergency department of the local hospital, such may be arranged by the church using private vehicle or ambulance, with myself being notified as soon as possible. Where medical or hospital personnel require it, the Clubhouse leaders are authorized to grant permission for emergency treatments as necessary until I arrive to be with my child.

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Parent/ Guardian's Signature

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Date

**PSPT BUS PERMISSION** (for any child that might ride the PSPT bus to or from CLUBHOUSE)

\*\*\*THIS SECTION MUST BE SIGNED BEFORE YOUR CHILD CAN GET ON THE BUS\*\*\*

I hereby grant permission for my child to travel on the bus (or other means of transportation) to and from all Parry Sound Pentecostal Tabernacle functions & events.

PICK UP ADDRESS: \_\_\_\_\_

DROP OFF ADDRESS: \_\_\_\_\_  
(if different)

*Changes to this understanding must be done by verbal & written consent from the parent or guardian*

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Parent/Guardian's Signature

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Date