



Banbury Kids and Kids at Heart

Registration Form: After Camp Program

Participant name: _____

Parent/Guardian Name: _____

Phone(s): _____

Address: _____

Postal Code: _____ E-mail: _____

Age: _____ Health Card No.: _____

Allergies: _____

Emergency contact during program time:

Name: _____ Phone: _____

Banbury Kids Camp Group: _____

Authorized child pick up information:

Name: _____ Phone: _____

Name: _____ Phone: _____

Program(s) Dates/Sessions: _____

By signing below, I agree to hold Banbury Kids and Kids at Heart and/or all of their agents and/or employees harmless from claims or damages arising from myself or my child 's participation in any of the programmes involving any of the aforementioned persons either on or off the property.

Signature of Parent/Guardian:

_____ **Date:** _____