

# Rural Frontenac Community Services

# **RFCS Kids Club**

# REGISTRATION BOOKLET 2024/2025

PARTICIPANT'S NAME:	

#### KIDS CLUB WEEKLY SCHEDULE

Which day will the student be attending? Please check one.

Day	Location	Grades	Times
Mondays	The Child Centre	Grades 1 to 4	3:00-5:00 pm
Tuesdays	Clarendon Public School	Grades 1 to 6	3:00-5:00 pm
Wednesdays	Land O' Lakes Public School	Grades 4 to 8	3:00-5:00 pm
Fridays	Granite Ridge Education Centre	Grades 4 to 8	3:00-5:00 pm

Kids Club will start running the week of <u>Sept 23-27</u>. Please note that participants attending <u>Monday</u> night Kids Club at The Child Centre should fill out a Tri-Board Transportation busing form to take the bus to The Child Centre (1004 Art Duffy Rd, Sharbot Lake).

Please either scan and email completed forms to sarahm@rfcs.ca or return to the participants school. The one time \$40.00 supply fee for participants may be paid by cash, or cheque and handed in with completed forms or by e-transfer to accounting@rfcs.ca. If paying by e-transfer please put in the memo your childs name and "Kids Club."

Kids Club is a partially funded program. Rural Frontenac Community Services relies on donations and fundraising to keep the cost of programs down. If you are interested in making a monetary donation to Kids Club a Charitable Receipt can be issued to you. To learn how to donate give us a call at 613-279-3151 ext 305 or email youth@rfcs.ca

### Program Registration Form 2024/2025

PART A: PARTICIPANT INFORMATION			
Youth's First and Last Name	Current Grade	Current Age	Date of Birth
Youth resides with		Youths Gender	
PART B: FAMILY/GUARDIAN INFORMATION	I		
Home Phone		Email*	
Family/guardian 1 First and Last Name	Cell Phone	Othe	r Phone
Family/guardian 2 First and Last Name	Cell Phone	Othe	r Phone
Preferred method of contact: call cell phone	text cell phone	call home phone	email
*By providing your email address you are giving cor	nsent to communicate wit	h you by email.	
PART C: EMERGENCY & AUTHORIZED PICK	UP CONTACT INFORM	MATION	
1. First and Last Name	Home/Cell Ph	one	Relationship to Participant
2. First and Last Name	Home/Cell Ph	one	Relationship to Participant
PART D: MEDICAL INFORMATION			
Does your child have special needs, medical conditi	ons, allergies or take med	ication? YES NC	
<u>SPECIAL REQUIREMENTS</u> Does your child nee For example: running away, aggressive behavior Please describe	our, anxieties, difficultie	es in social situations or	

Participant's Signature:\_\_

## RFCS KIDS CLUB AGREEMENT TO WAIVE LIABILITY AND ASSUME RISK

\_\_\_\_\_\_ ("the Participant")

AGREEMENT TO PARTICIPATE	
To ensure that the Participant and their parents/guardians understand and accept the risks of participation	on in the RCES Kids Clu

To ensure that the Participant and their parents/guardians understand and accept the risks of participation in the RCFS Kids Club, the Participant and their parent guardian must both indicate their understanding and agreement by signing on the appropriate lines below.

#### **ACKNOWLEDGMENT AND ASSUMPTION OF RISK**

PARTICIPANT NAME: \_\_\_\_\_

The Undersigned affirm that the Participant's participation in the RFCS Kids Club is <u>entirely voluntary</u>, and understand that participation in the RFCS Kids Club involves a risk of injury due to certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries, such as, but not limited to, the following: contact with other individuals playing in the game, contact with the floor, walls, ground, goal posts, playground structure or equipment which are part of the playing or swimming area; strenuous exertions, quick movements, and changes of speed, which place stress on the cardiovascular, muscular, and skeletal systems; sun burns, drowning, near-drowning, hypothermia or hyperthermia. The specific risks vary from (1) minor injuries such as scratches, cuts, bruises, sprains, and sun burns to (2) major injuries such as eye injury or loss of sight, joint or back injuries, breaks, heart attacks, and concussions, to (3) catastrophic injuries including paralysis and death. The Undersigned understand that if the Undersigned have questions about possible hazards, it is their responsibility to seek additional information from the RFCS Kids Club staff prior to signing this form. The Undersigned also understand that, despite safety precautions, neither the RFCS Kids Club nor Rural Frontenac Community Services can guarantee that the Participant will not be injured. The Undersigned acknowledge, freely accept and fully assume all such risks, dangers, and hazards and the possibility of personal injury to the Participant, death to the Participant, property damage, and loss resulting therefrom.

#### WAIVER AND RELEASE

In consideration of RFCS, its directors, officers, employees, agents, and assigns ("the RELEASEES") agreeing to the Participant's participation in RFCS Kids Club, the Undersigned hereby agree as follows:

**TO WAIVE ANY AND ALL CLAIMS** that the Participant or their parents/guardians, heirs, executors, or administrators have or may in the future have against the RELEASEES AND TO RELEASE THE RELEASEES from any and all liability due to any cause whatsoever, including negligence, arising from the Participant's participating in the RFCS Kids Club.

The Undersigned understand that by signing this Release Agreement, they are waiving their right (including the Participant's right) to any and all claims, actions, demands, expenses, attorney's fees, breach of contract actions, breach of statuary duty actions, or other duty of care actions, warranty claims, strict liability actions, and any other causes of action that may arise from the Participant's participation in the RFCS Kids Club, including travel to the RFCS Kids Club.

In entering into this Release Agreement the Undersigned are not relying on any oral or written representations or statements made by the Releasees with respect to the safety of participating in the RFCS Kids Club, other than what is set forth in this Release Agreement.

The Undersigned have read the entire Release Agreement above, and agree to be bound by its terms.

By signing below, the Undersigned acknowledge that they have read, understand and agree to the terms outlined:		
Parent/Guardian Name:	Date:	
Parent/Guardian Signature:	Date:	

When only one parent/guarding signs to indicate consent, he/she does so in good faith and is presumed to be acting with the consent of the other legal parent/guardian.