



The Salvation Army
 Downtown East
 160 Jarvis St.
 Toronto, ON

Kids Squad Registration Form

Child's Name _____

Parent/Guardian Name _____

Child's Age _____

**Participants must be between 6-13 years-old*

Child's School _____

Home Address _____
Street
Unit no.
Postal Code

Phone _____

E-mail _____

Emergency Contact _____ () _____
Name
Phone

Allergies Y / N
 If yes, describe _____

Medications Y / N
 If yes, describe _____

Medical conditions Y / N
 If yes, describe _____

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I, _____ give permission for my child, _____ to participate in The Salvation Army Downtown East Kids' Squad. I understand that while in the program, The Salvation Army is responsible for the safety of my child. I give permission for Squad leaders to walk my child to and from the program and agree to be present when my child arrives home. I consent to my child using public transit or Salvation Army vehicles for transportation when necessary.

Parent/Guardian Signature _____ Date _____