



The Salvation Army
Downtown East
77 River St.
Toronto, ON

Youth Squad Registration Form

Child's Name _____

Parent/Guardian Name _____

Child's Age _____

**Participants must be at least 14-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 _____

* * * * *

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 _____