

# Kidz IGNITE

July 23<sup>RD</sup>-August 4<sup>th</sup>, 2018



**ADVENTIST** sharing **CHRIST TEACHINGS** through **SERVICE**

## Contact Information

For more information, contact ACTS Volunteer

[actsboston@gmail.com](mailto:actsboston@gmail.com)

[actsboston.org](http://actsboston.org)

(857) 302-2874

Child's Name: \_\_\_\_\_ DOB \_\_\_\_\_

Gender: ☐ Female ☐ Male Age: \_\_\_\_\_

School: \_\_\_\_\_

Grade by July 25, 2018: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_ \*Telephone: \_\_\_\_\_

Child resides with: (circle one) Mother Father Both Other \_\_\_\_\_

Church Affiliation(circle): S.D.A. \_\_\_\_\_ Other \_\_\_\_\_ None \_\_\_\_\_

Ethnicity/Race(optional) \_\_\_\_\_ Language spoken at home \_\_\_\_\_

\*(Include area code with telephone)



## PARENTS' INFORMATION

Mother's name: \_\_\_\_\_

Father's name: \_\_\_\_\_

Mother's day phone: \_\_\_\_\_ Father's day phone: \_\_\_\_\_

Mother's cell: \_\_\_\_\_ Father's cell: \_\_\_\_\_

Mother's email: \_\_\_\_\_ Father's email: \_\_\_\_\_

Person's Authorized to pick up child: \_\_\_\_\_  
(Please provide a copy of their ID)

Other Dismissal Arrangements \_\_\_\_\_



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## ❖ Registration for ACTS KIDZ IGNITE is FREE

### ❖ Meals

**Free Breakfast and lunch will be provided.** (please select one)

Do you want your child to participate and receive Free Meals (breakfast 9 AM, lunch 12 PM)

\_\_\_\_\_ Yes I want my child to participate      \_\_\_\_\_ No I do not want my child to participate

If you will be sending your child's with any snacks or lunch, please be sure that your child's snacks and lunch is clearly marked with your child's name and last name. Glass bottles/containers are not allowed. No peanut or nuts products are allowed

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### ❖ DROP OFF AND PICK UP TIMES

**Drop off time:**

- 9:00AM to 9:30AM

**Pick up time:**

- 1:45PM to 2:00PM

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**Photography Policy:** ACTS Kids Ignite may use any photo, slide, or quote for publicity/marketing purposes. I hereby give permission to **Adventist sharing Christ Teachings through Service (ACTS)**, to photograph and/or videotape the child for educational or promotional purposes. **(Please Initial)** \_\_\_\_\_

**Activity Permission Policy:** I would like my child to participate in the following activities:

**(Please initial next to each activity)**

Boston Fire Safety Training \_\_\_\_\_ Park Field Trips \_\_\_\_\_ Mess Hall (kids make own healthy snacks) \_\_\_\_\_

**Transportation Policy:** I give permission for my *child age 6 or older*, to be transported via bus for field trips to and from ACTS Kids Ignite Program. **(Please Initial)** \_\_\_\_\_



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## REQUIRES PARENT'S SIGNATURE

You have our permission, in the event of an emergency and in case we are unavailable, to authorize any physician, nurse practitioner or medical personnel to examine, interview, test and if necessary, treat my child \_\_\_\_\_ as they may deem advisable.

Parent/Legal guardian name \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Child's Allergies \_\_\_\_\_

Is your child on any medication? No Yes If so, please specify: \_\_\_\_\_

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Child's Medical Concerns \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone number \_\_\_\_\_

Insurance carrier: \_\_\_\_\_ Policy number \_\_\_\_\_

Hospital: \_\_\_\_\_

Who is financially responsible for the child? \_\_\_\_\_

**Emergency contact:** \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## PARENT STATEMENT



I hereby state that (child's name) \_\_\_\_\_ is in good mental and physical health condition to participate in the activities provided by **ACTS**, including but not limited to all aspects of basketball, soccer, Boston Fire safety trainings and other activities. I understand that participating in summer activities is potentially hazardous. I assume all risks known and unknown and assume full responsibility for my child's participation. Risks include but are not limited to falls, contact with other participants, and the effects of weather (including heat, cold or humidity). I am fully aware that any activity involving motion, height or athletic activity creates the possibility of serious injury. I hereby release **ACTS and its staff and volunteers** from liability to the above-named child, of the person claiming through him/her, arising from injury to the person or property of the above named child occurring at the event of **Adventist sharing Christ Teachings through Service (ACTS). Harambee Park**, including any event sponsored or sanctioned by **ACTS and Northeastern Conference of Seventh-day Adventist** and/or travel to and from such activities.

I understand that **ACTS** has the right to deny admittance to any student not meeting the standards of the program as it sees fit. I also agree not to hold these parties responsible in the event that my son/daughter/child engages in inappropriate conduct (including, but not limited to disruptive or volatile behavior in or out of program, etc.) or becomes involved in any activity or with any persons not associated with **ACTS** or its scheduled program and that **ACTS** has the right to send him/her home for inappropriate conduct. I further attest that the information contained in this application is correct to the best of my knowledge. In addition, I have agreed to the policy and agree to comply.

This is to certify that I, as parent guardian with legal responsibility for this participant, do consent and agree with all terms of **Adventist sharing Christ Teachings through Service (ACTS) and the Northeastern Conference of Seventh-day Adventists**.

☐ By checking Box I, \_\_\_\_\_ agree with the terms in this application.  
(Parent/Guardian Please Print Name)

Parent's Signature: \_\_\_\_\_ Date \_\_\_\_\_