



2020-2021 Registration Form for  
Smithville CRC GEMS Club

Girl's name: \_\_\_\_\_ Grade \_\_\_\_ Birthdate \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical Conditions \_\_\_\_\_

Girl's name: \_\_\_\_\_ Grade \_\_\_\_ Birthdate \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical Conditions \_\_\_\_\_

Girl's name: \_\_\_\_\_ Grade \_\_\_\_ Birthdate \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical Conditions \_\_\_\_\_

Parent/Guardian(s) Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address(es) \_\_\_\_\_

\_\_\_ I give permission for my child(ren) to be transported by a GEMS leader who holds a valid driver's license when an activity is away from the club when covid regulations allow.

\_\_\_ I give permission for my child(ren) to leave the club location with a GEMS leader for special events when covid regulations allow.

\_\_\_ I give permission for my child's(ren) photo/video to be taken and used for GEMS.

By checking the above statements, I hereby release Smithville CRC GEMS Club from all claims and liabilities arising out of the use of these photos, videos and transportation from the club's location. I also understand that this consent will remain in effect until a written request to revoke consent is received by the club.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Registration Fee: Please make cheques payable to **GEMS**. Dues: **\$32** Shirt Size \_\_\_\_\_