



## Hampton United Church – Explorers 2025-2026 Season



A place where your daughter will enjoy a program incorporating her interests and needs, that will teach her Christian values and how they can be used on a daily basis to love and help others, to respect and take care of the environment, and to grow up knowing God loves her and has a purpose and plan for her life.

### Registration and Health Form

Girl's Name: \_\_\_\_\_ Birth date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_  
YY / MM / DD

Parent(s) names(s): \_\_\_\_\_

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

City/Town: \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Email address (for reminders): \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

Health Card #: \_\_\_\_\_

Does your child/ward have any physical/cognitive limits or challenges the leaders need to be aware of in order to modify program activities to make her experience more enjoyable?

\_\_\_\_\_  
\_\_\_\_\_

Does your child/ward have any allergic reactions to such things as food, insect stings, etc.?

YES \_\_\_\_ NO \_\_\_\_ If yes, please indicate allergies: \_\_\_\_\_  
\_\_\_\_\_

Are there any medications your child/ward should carry themselves?

(e.g. asthma pump, Epi-pen) YES \_\_\_\_ NO \_\_\_\_ If yes, please specify: \_\_\_\_\_  
\_\_\_\_\_

**Declaration:** The signing of this form will cover all activities while your child is enrolled in Explorers for the 2025-2026 season. Information will only be used for in-club purposes.

1. In case of medical emergency, I hereby give permission to the attending Counselor to seek medical attention as is needed for the child named above. It is understood that all effort will be made to contact the parent/guardian first.
2. I do hereby give my child/ward permission to attend and participate in the various activities, associated activities and functions (including participation in possible excursions like: walks, outside games, attending events, community service projects, camping) performed by the Hampton United Church Explorers Club. I also understand that in case of accident or injury, etc. to my/our child, the Hampton United Church, nor any of the Explorer leaders will be held liable.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Guardian)

## **Release of Photographs and Videos 2025-2026 Season**

Confidentiality of information is of utmost importance to Hampton United Church which offers and supports the Explorers Girls' program.

At times, photographs and videos taken are posted on the Hampton United Church website (Explorers pages) and are occasionally posted on the rotation.org website. Student's names are never used. (Disclaimer: Rotation.org is a volunteer-led, ecumenical, non-profit, ad-free resource ministry for Sunday School Leaders around the world. Explorer Leader Luanne Payne is a volunteer Board Member/Editor/Writer for rotation.org and has been involved with the site since 2000.)

We request your permission to use photos or videos that may include your child/children for these purposes.

Please check one:

- ☐ Yes, I give permission for photos and videos of my child/children to be used for the above purposes.
- ☐ No, I do not give permission for photos and videos of my child/children to be used for the above the purposes.

By checking, yes, I hereby release the church from all claims and liabilities arising out of the use of these photographs and videos.

I also understand that this consent will remain in effect until a written request to revoke consent is received by Hampton United Church.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Guardian)

### **Uniform**

None required, we supply the girl's with a Red Bucket Camp Hat.