



THE HUMAN LEAGUE

Breakfast Club for Kids Registration Form

Here to help.

Please Print Clearly

Name of Child: _____ Age: _____

Name of Parent/Guardian: _____

Address: _____ Postal Code _____

Phone Numbers: _____
Home Work

School Name : _____ Child's Health Card Number: _____

Food Allergies / Food Restriction and/or Medical Conditions: _____

Emergency Authorization: Yes, volunteers of the Human League Association have my permission to obtain emergency medical treatment for my child should the need arise.

In an emergency, call: _____
Name Phone Number

Alternate Emergency Contact: _____
Name Phone Number

Do you give permission to the Human League Association to have your child photographed for the purpose of scrapbooks, marketing and/or when the Media (newspaper, radio, television) attend the program or during an event hosted by the Breakfast Club? YES NO

Are you interested in volunteering with the Human League Association either in the Breakfast Club, during special events, for food pick up or any other duties? YES NO

I give permission for my child _____ to attend the Breakfast Program
located at _____

Signature of Parent/Guardian: _____ Dated: _____