2023/2024

## **KIDLead Application**

Meetings: Wednesdays 6:45pm - 8:15pm (September 20th, 2023 to April 2024)
Serving: 1 Sunday Service / month

KIDLead Participant Information	
Name:	Birthday (D/M/Y):/ Age:
Grade: Gender: Email	Phone:
Address:	
Any Allergies, special needs, or me	lical concerns? □ NO □ YES
If Yes, please explain:	
Please describe your faith journey (	n participant's own words):
	vice time do you prefer? □ 9:15am □ 11:15am □ I can serve at either
Guardian Contacts	
	Relationship:
Phone #:	Email:
Guardian #2:	Relationship:
Phone #:	Email:
serve God with them. I understand that it is a positive and teachable attitude. I understa	enings are to assist me in developing my leadership skills as well as teach me how I can essential that I attend the training weekly and participate fully. I also commit to serving with nd that as a KIDLead participant I am looked up to by other kids and serve as a role model. ard of behavior both mid-week and on weekends.
•	nt Signature Date
number(s) and/or email are provided, their	per events and share the excitement of ekids ministry with others. If the participant's phone eaders may use these to contact them for scheduling and connecting. Other forms of y also be used. Unless permission is revoked in writing to the church office, we will assume
Road Baptist Church, Edmonton, AB and to In the event of an emergency and medical to services for treatment as deemed necessare inherent in activities my child may be engage paid or volunteer staff, successors, heirs are harmless, Ellerslie Road Baptist Church an sickness, or death, as well as property dam	, to participate in KIDLead in the ekids' Department of Ellerslie be transported for activities by rented and/or private vehicles for the current ministry year. reatment is required, I give permission to the church staff and/or volunteers to obtain if I cannot be contacted in a reasonable amount of time. I recognize that there are risks ed in, and I waive, hold harmless, or indemnify Ellerslie Road Baptist Church, its instructors d assigns from any action. I do hereby release, forever discharge and agree to hold I the representatives thereof from any and all liability claims, or demands for personal injury, age and expenses of any nature whatsoever which may be incurred by my child in the d. Furthermore, I agree to assume all responsibility for any of the previously mentioned
Parent/Guardian Signature	Parent/Guardian Printed Name