

## THE COMMITMENT

**October 1, 2025 - March 18, 2026**  
Wednesdays | 6:45 - 8:15 pm

**Sundays | one service per month**  
9:15 am OR 11:15 am

## PARTICIPANT INFORMATION

Name \_\_\_\_\_

Birthday (M/D/Y) \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

AB Health # \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Any serious allergies, special needs or medical concerns? ☐ Yes ☐ No \*\*If yes, please explain below

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

Will your child bring medication with them? ☐ Yes ☐ No \*\*If yes, please ask for a Medical Information Form

Which Sunday service do you prefer to serve at? ☐ 9:15 am ☐ 11:15 am ☐ I can serve at either

Please describe your faith journey in your own words: (participant to complete)

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

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other side.

## GUARDIAN CONTACTS

Guardian #1 \_\_\_\_\_

Relationship \_\_\_\_\_

Cell Number \_\_\_\_\_

Email \_\_\_\_\_

Guardian #2 \_\_\_\_\_

Relationship \_\_\_\_\_

Cell Number \_\_\_\_\_

Email \_\_\_\_\_

## CONSENT

### Participant Contract

I commit to participating in KIDLead at Ellerslie Road Baptist Church, which entails regularly attending Sunday services for my own spiritual growth. Additionally, I will attend Wednesday evening sessions to develop my leadership skills and learn how to serve God with them. I understand the importance of attending every Wednesday evening and participating fully, as well as serving with a positive and teachable attitude. I acknowledge that, as a KIDLead participant, I am a role model for other children and will therefore be held to a high standard of behavior.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date (M/D/Y)

### Media Release

At KIDLead pictures and video recordings will be taken to remember our time together and for promotional purposes. We will never disclose names, ages, or any other private information. Your consent is assumed unless a request to opt-out is submitted in writing to [ekids@erbc.ca](mailto:ekids@erbc.ca).

### Activity Release

I hereby give permission for my child to take part in KIDLead at Ellerslie Road Baptist Church. In the event of an emergency where medical treatment is required, I give permission for the staff and/or volunteers to obtain services for treatment as deemed necessary in the event myself or my emergency contacts cannot be reached in a reasonable amount of time. I recognize that there are inherent risks involved in activities. I agree to indemnify and hold blameless Ellerslie Road Baptist Church, its volunteers, personnel, leaders, and board from any loss, damage, or injury as a result of my child's participation. I hereby release, forever discharge, and agree to hold harmless, Ellerslie Road Baptist Church and its representatives, from any and all liability claims or demands for personal injury, sickness, or death, as well as property damage and expenses of any nature whatsoever which may be incurred by my child's participation in this program. Furthermore, I agree to assume all responsibility for any of the previously mentioned occurrences.

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

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Date (M/D/Y)