

COME JOIN US!!!

Fun, Fun, Fun and more Fun!

All for FREE, FREE, FREE!

Food, Prizes, Games,

Music, Puppet Shows,

Drama, Bible Teachings

**HOP TO SEE
YOU THERE!!**

How to contact us:

Phone: 250-384-2064 / Fax: 250-386-2064

Email: office@extremeoutreach.com



To learn more about
The Extreme Outreach Society
and our Statement of Faith visit our website
www.extremeoutreach.com



SuperKids

Ages 6-11

You are invited!!!

Saturdays

Noon to 2:30

Fun, Fun, Fun and more Fun!

All for FREE, FREE, FREE!

**"EXPERIENCING GOD
IN A FUN WAY"**

CALENDAR of EVENTS

Super Kids

Location: North Douglas Church
675 Jolly Place

Date: Every Saturday
Oct. 4 – Nov. 29, 2008

Time: Noon - 2:30 pm

Doors Open: 11:45am

Lunch Served: Noon

Need a Ride to SuperKids?

Bus Pick Up Locations:

Pacifica Village, 1441-1443 1445 Craigflower Rd. 11:15
Blanshard Community Centre, 901 Kings St. 11:30
On East side of Quadra, cross Street Inverness Rd. 11:35
On McKenzie Ave., in front of 982 McKenzie Ave. 11:45

MARK YOUR CALENDAR WITH THESE UP COMING EVENTS:

Community Christmas Dinner Dec. 20, 2008
May Day Parade May 18, 2009
*SuperKids Camp July 20-24, 2009
(*There is a fee for this event)

STAY TUNED FOR MORE DETAILS!!!

Extreme Outreach Society
999 McKenzie Ave.
Victoria, BC, V8X 3G8
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REGISTRATION FORM

This form must be completed every September for your child to attend Super Kids

In order for us to keep our records up to date, we ask that this form is completed and returned to us each September, or at the start of your child attending SuperKids.

Childs Name: _____

Address: _____
Street

City, Province & Postal Code

Age: _____ Date of Birth: _____
mm/dd/yy

Male ____ Female ____

Medical Number: _____

Does your child have allergies? Yes ____ No ____

If yes, what are they _____

If your child requires an EPIPEN, you must provide one along with a note outlining why it is needed.

Does your child have a medical condition we should be aware of? Yes ____ No ____

If yes, what are they _____

Parent/Guardian Name: _____

Relationship _____

Phone #: _____ Cell # _____

Emergency contact person:
(must be different from the above number)

Relationship _____

Phone #: _____ Cell #: _____

PLEASE READ CAREFULLY

MEDICAL RELEASE

I authorize the administration of any first aid treatment necessary at SuperKids for my child. In the case of a medical emergency I authorize my child to be transported by designated leaders or arrange for transportation to the nearest medical or hospital facility. In such an emergency I hereby give permission to the physician involved to secure proper treatment for my child. In the event extraordinary transportation or medical treatment is required, I agree that Extreme Outreach cannot accept the financial responsibility. I expect to be contacted as soon as possible.

LIABILITY WAIVER

I understand that Extreme Outreach is a Christian organization and that my child will be receiving Bible teaching at SuperKids. Extreme Outreach has the right to dismiss a child who in their opinion is a hazard to the safety and rights of others, or who appears to have rejected the SuperKids program rules. I am confident that Extreme Outreach staff will do their best to give my child the necessary support and supervision needed and that the safety and health rules will be observed. To the best of my knowledge, my child is in good health and physically, emotional, and socially able to participate in all SuperKids activities. I give my child permission to participate in all SuperKids activities. If my child is not physically, emotionally, or socially able to participate in all SuperKids activities, I understand that Extreme Outreach does not have the people for one on one with my child and they may be unable to participate in the SuperKids program. I hereby release Extreme Outreach Society and its personnel from all claims and damages arising from any accidents or injury caused by my child's participation in the SuperKids program. **If my child is taking the bus from one of the bus pick up locations, I give them permission to ride the bus to and from SuperKids.** I release Extreme Outreach Society and its personnel from all claims and damages arising from any accidents or injury caused by transportation to and from the SuperKids program. **Children will be dropped off at the same location they were picked up. If my child is to be picked up by someone other than myself or leave in a different way than they came, I will give Extreme Outreach written consent/instructions to allow my child to do this.** I agree that photos or video of my child taken at SuperKids may be used in future Extreme Outreach and/or SuperKids promotional material. If I am not in agreement with this, I will give a written notice to Extreme Outreach that the photos and videos are not be used for this purpose. The parent/guardian submitting this application has legal custody over the child. Conditions of custody, if applicable, will be fully communicated in writing to Extreme Outreach including a photocopy of the section of any court order referring to the visitation rights.

Signature of Parent(s)/Guardian(s) having custody

Signature

Date