



# Harmony Sports Club

## Sports, Friends and Ten Weeks of Fun!

Come for a weekly time of multisport fun and experiential games, while learning more about our Coach, Jesus!

### WHEN?

Tuesdays, 6:30-8:00 pm,  
Jan. 20 – Mar. 24/31, 2026

### WHERE?

Harmony Road Baptist Church  
226 Harmony Rd. S., Oshawa

### WHO?

Ages 6-12

### COST?

\$25 (subsidies available)



Register by Forms available at our Church office, 905 728-2322, or online @ [www.susports.ca/clubs](http://www.susports.ca/clubs) or [www.harmony-road.com/sports-ministries](http://www.harmony-road.com/sports-ministries)

**FOR QUESTIONS OR TO LEARN MORE, CONTACT**

Pastor Dave Stewart at 905 728-2322



# HARMONY SPORTS CLUB REGISTRATION

Child Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ T-Shirt Size (please circle): YS YM YL AS AM AL  
mm/dd/yyyy

Parent/ Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_  
Street # Street Name Postal Code

Home Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

I acknowledge and understand there are risks involved with my child's participation in the Sports Club activities, including the risk of physical injury, sickness or damage to personal property and I release Scripture Union Canada, the host church/organization Harmony Road Baptist Church, Oshawa, Ontario, and all Sports Club staff and volunteers from liability. I understand that photographs and video recordings may be taken by SU which may be used in publications or promotions and I consent to SU using the images for all stated purposes. *If you have a concern, please speak with the Sports Club coordinator before Sports Club and arrangements will be made.*

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

## PAYMENT

Amount: \_\_\_\_\_

Please make cheques payable to Harmony Road Baptist Church with "Sports Club" on the memo line.

How did you hear about Sports Club? \_\_\_\_\_

Comments : \_\_\_\_\_



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# Harmony Road Baptist Church SPORTS CLUB HEALTH FORM

Child Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Health Card #: \_\_\_\_\_  
mm/dd/yyyy

## EMERGENCY CONTACT INFO

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

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

## MEDICAL INFO

Please list any allergies that your child may have: \_\_\_\_\_

\_\_\_\_\_

Please list any health conditions Sports Club staff need to be aware of:

\_\_\_\_\_

**\* Note: Any child exhibiting COVID-19 symptoms will be asked to return home and not return until cleared by public health**

Please list any medications that your child is currently taking: \_\_\_\_\_

\_\_\_\_\_

Important Note: If your child requires medication while at Sports Club we ask that you make arrangements to administer the medicine throughout the day. We will not administer any medicine of any type for children at Sports Club.

Are there any other problems that may affect your child's ability to participate in Sports Club activities?

\_\_\_\_\_

## DISCLAIMER

I am the legal guardian of the child with full authority to make decisions with respect to the care, upbringing, and education of the applicant.

I agree that all of the medical information provided on this form is true and accurate – lacking nothing. I hereby release my child to the care and medical discretion of the staff at Scripture Union, host church/organization and its volunteers. In the event of an emergency and that no one can be immediately contacted, my child will be taken to the hospital or a physician to be treated if deemed necessary by one of the Sports Club staff, church staff or volunteers. I hereby authorize the physician and nursing staff to undertake examination, investigation and necessary treatment of my child.

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

Date \_\_\_\_\_

Children with special needs should visit [www.scriptureunion.ca/everykidSportsClub](http://www.scriptureunion.ca/everykidSportsClub) for more information re: medication.



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## PHOTO RELEASE FORM

I \_\_\_\_\_ grant permission for Harmony Road Baptist Church and Scripture Union to use photographs and/or video of my child(ren), \_\_\_\_\_, in future promotion of SU Sports Club and SU Sports Camp.

Please note: Photos of your child(ren) will not be posted to social media.

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(Signature of Adult, or Guardian of Children under age 18)

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone (day) \_\_\_\_\_ (evening) \_\_\_\_\_

Email Address (optional) \_\_\_\_\_

**Thank you!**