

2017 Playground Registration Form



Town of Shellbrooke

Participant Information (PLEASE PRINT)			
Surname:	First Name:	Gender M <input type="checkbox"/> F <input type="checkbox"/>	
Date of Birth: / / (day/month/year)	Age:	Telephone:	
Mailing Address:			
City	Prov/State:	Postal Code:	
Health Card #:		Other Health Insurance:	

Medical Information: Please indicate below if the participant has any medical issues or medication requirements that we should be aware of. (i.e. diabetes, epilepsy, allergies etc)
Please explain:

Parent/Guardian 1 Information (PLEASE PRINT)	
Parent/Guardian Full Name:	Contact Telephone #:
Address (if different from above):	Postal Code:
Secondary Telephone #:	Email Address:

Parent/Guardian 2 Information (PLEASE PRINT)	
Parent/Guardian Full Name:	Contact Telephone #:
Address (if different from above):	Postal Code:
Secondary Telephone #:	Email Address:

Please note that if someone other than parent/guardian 1&2 will be collecting the participant , please inform coaching staff.

I, _____, give permission for the named participant, to leave the Shellbrooke Summer Playground Program at anytime time during the hours of the program.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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If 'no', please send signed note with participant in the event they have to leave early on a specific day.

Emergency Contact: The individual you list here will be contacted in the event a parent/guardian cannot be	
Emergency Contact Name:	Relationship:
Contact Telephone #:	Secondary Telephone #:

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SUNSCREEN - I, _____, give permission for the Playground Program Coordinators to assist in the application of sun screen to the named participant. I understand that adequate sun screen will be by my full responsibility, and not of the staff. I also will provide a clearly labeled bottle of adequate sunscreen. It is recommended that it be waterproof, provide UVA/UVB protection and have an SPF of at least 30. Sun screen must also not contain any traces of nuts.

Swimming Ability Beginner Intermediate Advanced

Release and Waiver of Claim: (Please read and sign)

(PLEASE PRINT) I, _____, parent/ legal guardian of _____ hereby acknowledge and agree that in consideration of his/her being permitted to participate in the Playground Program offered by the Town of Shellbrook;

i. I understand and acknowledge the risks inherent with the activities carried out during the program, and hereby accept and assume all such risks which I or the participant youth for whom I act as guardian may be exposed.

ii. I am sufficiently informed to represent to the Town that the participant does not suffer from any condition that may affect his/her ability to safely participate in the program. I also acknowledge that the Town reserve the right to require medical certificate in respect to my or his/her ability to participate.

iii. I have carefully read and clearly understand that by signing this Release and Waiver of Claim, I will be forever therefor for any property loss, or personal injury that I or the youth may suffer while participating in this program.

iv. I also acknowledge that the Town of Shellbrook would not permit me or him/her to participate unless I signed the Release and Waiver of claim, agreeing to comply with the rules and regulations as set by the Town of Shellbrook.

Date: _____ Print Name: _____ Signature: _____

Photograph Release Declaration: (Please read and sign)

(PLEASE PRINT) I, _____, parent/legal guardian of child _____ grant The Town of Shellbrook the right to take photographs of the named participant. I authorize The Town of Shellbrook to copyright and use these photographs in print and/or electronically.

I agree that the Town of Shellbrook may use such photographs of the named participant with or without identification for any lawful purpose, including publicity, illustration, advertising and on relevant websites.

Date: _____ Print Name: _____ Signature: _____

AUTHORIZATION

To the best of my knowledge, the named participant does not have any communicable disease, has not been in contact with a communicable disease within three (3) weeks of the program start date, and is physically able to participate in all program activities except as indicated. All medical conditions requiring ongoing medical supervision or care have been fully noted. I give permission for health information to be shared with the appropriate staff members or outside medical personnel as necessary.

I understand that some playground activities and that all appropriate precautions will be taken for participant safety.

I, _____, hereby certify that all information completed in the form is accurate and up to date. I will contact the staff promptly if any changes should occur.

Date: _____ Print Name: _____ Signature: _____