 **New Ross Family Resource Centre**

**Risk Waiver & Program Registration**

**Little Tykes – Transition to School Program**

Tuesday - Thursday, August 14th – 16th , 2018 - 10:00 am to 2:00 pm

Location of Program: New Ross Consolidated School, Room # 102

Participant’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents/Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_exp.date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternate Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Alternate Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternate contact relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any health problems that our leaders should be aware of?

For example: medical problems, asthma, prone to motion sickness, etc.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Is there any other information that you feel should be brought to our attention? \_\_\_\_\_\_\_\_\_\_\_\_

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Please sign the Informed Consent form below:

The undersigned Registrant and, where the Registrant is a minor, the parent or guardian of the undersigned, Registrant herby assumes all risk for personal injury, property damage, or other

damages which may arise out of or in relation to the Registrant’s participation in activities conducted by the New Ross Family Resource Centre whatsoever the kind of such damage and howsoever caused whether by negligence or otherwise on the part of the New Ross Family Resource Centre or any of their officers, directors, employees or agents including volunteers assistants, and the undersigned also agree to indemnify and save harmless the New Ross Family Resource Centre and their officers, directors, employees and agents including volunteer assistants against all claims for any injury or loss whatsoever the kind and howsoever caused including by negligence which may arise out of or in relation to the Registrants participation in activities at or conducted by the New Ross Family Resource Centre.

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

Name of Child (Registrant) Signature Parent/Guardian

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Witness Date