



REGISTRATION, ACKNOWLEDGEMENT AND ACCEPTANCE OF RISK CONSENT FORM

Please read carefully before signing

Participant Name: _____ Date of Birth: _____ (YYYY/MM/DD)

Home/Cell Phone Number: _____ Email Address: _____

Emergency Contact Name & Phone Number: _____

Ontario Health Card Number and Version Code: _____

Allergies/Medical Issues We Should Be Aware of: _____

ACKNOWLEDGEMENT AND ACCEPTANCE OF RISK, AND CONSENT

I have reviewed the description of After-School program run by Sun Life Financial Centre for Physically Active Communities and have sufficiently informed myself about the nature of the program and the activities involved. I acknowledge that there are risks, dangers, and hazards associated with my child's participation in the program including, but not limited to: impact and collision with participants, instructors or spectators; impact with objects or equipment used in connection with a range of sports or activities (volleyball, basketball, soccer, etc.); changes in the type of surface and the condition of each surface, including playing fields, gymnasium, and change rooms; adverse weather conditions; loss of balance; failure to play safely within one's own ability; failure to play against others of equal stature or ability; theft; consumption of food and drink, whether made by professional or by non-professionals; and negligence of other participants or Laurier staff.

I also give permission for Laurier staff members to administer first aid treatment to my child, and acknowledge that I will be responsible for any medical or other charges in connection with my child's treatment.

Participants are expected to be respectful and considerate towards other participants, Laurier staff including all instructors, and external partner organisation instructors. Participants are expected and required to follow the directions of all instructors, to stay in close proximity to their instructors during the program and not leave without consent and informing instructors. If there is a breach of these rules, instructors will discuss the issue with the participant and/or their parents or guardian. In the event there is a continuous breach of these rules, Laurier may require the participant to withdraw from the remainder of the program. **I confirm that I have discussed these rules and expectations with my child.**

With my signature, I hereby consent to my child's participation in the After School program run by Sun Life Financial Centre for Physically Active Communities on the terms and conditions set out above.

Signature of Parent/Legal Guardian: _____ Date: _____

Printed Name of Parent/Legal Guardian: _____



PHOTOGRAPH/ INTERNET/ VIDEO CONSENT

I hereby give permission for my child to be photographed and/or videotaped for the purpose of reporting, further advertising and promotion of Sun Life Financial Centre for Physically Active Communities. I am aware that my child's photograph or video may appear on the Internet at <https://www.facebook.com/SunLifeFinancialCPAC/> and may also be used in any future brochures, social media, websites, local newspapers or advertisements, annual reports, and videos.

Child's Name (please print)

Parent/Guardian Signature

I hereby give permission for my child to have a single photo taken with the golden hawk mascot, which he/she will get to bring home as a souvenir.

Child's Name (please print)

Parent/Guardian Signature