

Child Registration

You must provide one of these for each child registering for a program.

Please email completed forms to info@spacetoplay.org

PROGRAM: AFTER SCHOOL SPORTS @Severn Avenue Public School

CHILDS NAME	
CHILD'S AGE	
ALLERGIES OR DIETARY ISSUES OR SPECIAL INSTRUCTIONS	
MEDICAL CONDITIONS OR SPECIAL INSTRUCTIONS	
ANY OTHER NOTES OR SPECIAL INSTRUCTIONS.	

Guardian Permission and Liability Waiver

I agree that SPACE TO PLAY will not be held liable for any injury to my child, or loss or damage to my child's personal property. In consideration of my child being allowed to participate in SPACE TO PLAY programming, I, the parent/guardian of the child, on my own behalf and on behalf of my child, waive all present and future claims against SPACE TO PLAY, and its directors, coaches, employees, officers, servants, representatives, volunteers, insurers and agents (and their respective successors and assigns) (collectively, the "Releasees") and hereby release the Releasees from and against all liabilities, claims, actions, demands, costs and expenses relating to injury, illness, death, loss, damage to person or property or loss of property, foreseen or unforeseen, howsoever caused (including negligence of any one or more of the Releasees), arising out of or in connection with my child's participation in SPACE TO PLAY. I, on my own behalf and on behalf of my child, also agree to indemnify the Releasees for, on account of or by reason of any claim advanced against any of them, or any loss or damage sustained by them, arising out of my child's participation in SPACE TO PLAY programming.

In case of emergency, I understand every effort will be made to contact me. In the event that I cannot be reached in an emergency situation, I hereby give permission to licensed emergency and health care personnel to provide treatment/services necessary to maintain the health of my child. In the event of medication, medical advice, treatment and/or equipment are required; I agree to accept financial responsibility for fees in excess of provincial and or private medical insurance. I agree that the medical information provided to SPACE TO PLAY on the program registration form may be disclosed to such emergency and health care personnel. In the event of illness, accident, emergency, or any other circumstance requiring medical treatment, such treatment may be procured for the participant without legal or financial obligation to SPACE TO PLAY.

I have read and understood the terms of this agreement and BY ALLOWING MY CHILD to participate in SPACE TO PLAY programming; I am voluntarily agreeing to abide to these terms. I confirm that the participant I have registered on this form is physically and mentally able to participate in all SPACE TO PLAY programming. I agree to the terms and conditions outlined in this Guardian Permission/Liability Waiver.

NAME OF CHILD	
GUARDIAN/PARENT NAME	
SIGNATURE	
DATE	