

Name of Museum Staff Member Accepting Form: _____

Date: _____ Last Name: _____

Children's Programs

Registration & Emergency Health Information – Please Print

Please Note: All snacks and lunches must be peanut free. Thank-you!

1. Child's Name: _____ Birth Date: _____ D/M/Y

2. Child's Name: _____ Birth Date: _____ D/M/Y

3. Child's Name: _____ Birth Date: _____ D/M/Y

Mother / Guardian: _____ Home Phone: _____

Work: _____

Father / Guardian: _____ Home Phone: _____

Work: _____

Address: _____ City: _____ Postal Code: _____

E-mail: _____

Please circle the appropriate answer. *Child resides with - both parents / father / mother / guardian.*

Which parent / guardian may we contact during work hours? _____

EMERGENCY HEALTH INFORMATION:

Please fill in this portion so that if a medical emergency arises we can take appropriate action.

Health Card Number(s)

_____/_____/_____

Child #1

Child #2

Child #3

Family Doctor: _____ **Phone:** _____

Emergency Contact:
(If you are unreachable) _____ **Phone:** _____

Please list any health concerns or problems that we should be aware of (i.e. allergies, asthma, other...)

In case of a medical emergency, I give permission to have my child(ren) taken to the nearest hospital or medical centre.

(Signature of Parent or Guardian)

(Date)

Please list the days or weeks attending	Cost

To better serve your child and ensure they have a positive experience, please share any information about his/her behavior about which we should be aware.

Please complete other side of this form → →

Bruce County Museum & Cultural Centre - Children's Programs
WAIVER AND ASSUMPTION OF RISK

I, _____ wish to have my child(ren) _____
(Parent or Guardian's Name) **(Child(ren's) Name(s))**

participate in the above noted program at the Bruce County Museum & Cultural Centre. As part of registering my child(ren), I hereby agree as follows:

1. I acknowledge that I am aware of the risks associated with this activity and the possibilities of accident or injury, which are inherent in this type of activity. I declare that my child(ren) is fully covered by medical, dental and hospital insurance, including emergency treatment, and that I am fully protected in case of an accident to my child(ren).
2. That I acknowledge that there are inherent risks associated with this activity and that my child(ren) could sustain personal injury through participation in this activity and I hereby accept to take that risk on behalf of myself and my child(ren).
3. To save harmless and keep indemnified the Children's Program and the Bruce County Museum & Cultural Centre and their respected agents, officials, servants and representatives from and against all claims and actions, costs and expenses and demands, in respect of injury, loss or damage or death to myself or my child(ren)'s person.
4. That I affirm that my child(ren) is in good health, capable of participating in the program and activities of the Children's Programs, and I accept personal risk on behalf of myself of myself and my child(ren) for the consequences of such participation.
5. That I agree that my child(ren) will follow the rules and guidelines of the Children's Program.
6. In the event of an accident or medical problem suffered by my child(ren), I consent to the Children's Program leaders to seek out the appropriate medical care.
7. That I declare this Waiver and Assumption of Risk is binding on me, my child(ren), my heirs, executors, administrators and assigns.

I have read this Waiver and Assumption of Risk and I fully understand all aspects of it.

(Signature of Parent/Guardian)

(Date)

Permission for offsite activities

I, _____ **Parent or Guardian's Name (please print)** do give permission for my child(ren) _____ to participate in offsite activities.

Permission for photographs

In the event that photographs may be taken of myself or my child(ren) during the course of participating in the Children's Programs I, _____ **(Parent or Guardian's Name - please print)** do give permission for these photos to be displayed or publicized at a later date.

(Signature of Parent/Guardian)

(Date)