BRUCE COUNTY MUSEUM & CULTURAL CENTRE

ARCHIVES • HISTORY • EVENTS

Children's Programs – Registration Form – 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: _____ Who may we contact during work hours?_____

Children must be within the designated age range on the first day of the program. We reserve the right to ask for appropriate documentation and/or remove a child from the program if he/she is not within the specified age range.

HEALTH INFORMATION:

Health Card Number(s)

_____/_____/_____

Child #1 **Child #2** **Child #3**

Family Doctor: _____ Phone: _____

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

Special Concerns – In order to create a positive experience for your child, please list any BEHAVIOURAL PROBLEMS, SPECIAL PHYSICAL, or MEDICAL NEEDS, including allergies (use back if necessary)

_____

_____

_____

_____

If a child has a physical, learning, or behavioural special need, please let us know at registration. Extra assistance may be required in certain cases, in the form of a parent or guardian attending to chaperone their child.

WAIVER AND ASSUMPTION OF RISK:

As part of registering my child(ren) for a program at the Bruce County Museum & Cultural Centre, I hereby agree as follows:

1. That 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 and I hereby accept to take that risk on behalf of myself and my child(ren). 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 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 and my child(ren) for the consequences of such participation.
3. That I affirm that I have listed any behavioural problems, special physical, emotional or psychological or medical needs on this form, OR I have discussed them with the camp supervisor.
4. That 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 and/or administer the appropriate medical care.
5. 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.
6. That I agree that my child(ren) will follow the rules and guidelines of the Children's Program. If my child(ren) is not following the rules and guidelines, I will come and pick up my child from the program and forfeit any program fees paid.
7. That the entire program fee is non-refundable unless I provide notice of cancellation at least 24 hours prior to the start of the program.
8. That I agree that my children may participate in offsite activities during the course of the program.
9. 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 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 do give permission for these photos to be displayed or publicized in print or on the web at a later date.

_____ _____

(Signature of Parent/Guardian) **(Date)**

Name of Staff Member Accepting Form:_____