



## Registration Form

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Parent/Guardians Name: \_\_\_\_\_

Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

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

Parent/Guardian Employer/School : \_\_\_\_\_

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

Work Telephone (or daytime phone number): number): \_\_\_\_\_ Ext: \_\_\_\_\_

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Parent/Guardian Name: \_\_\_\_\_

Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Address: (if different from the child) \_\_\_\_\_

Parent/Guardian Employer/School: \_\_\_\_\_

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

Work Telephone (or daytime phone number): \_\_\_\_\_ Ext: \_\_\_\_\_

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### Emergency Contact Person (other than parent):

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell or Work #: \_\_\_\_\_

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

Name and Relation of Persons to whom the child may be released:

\_\_\_\_\_

\_\_\_\_\_

**Family Physician.**

**Name:** \_\_\_\_\_

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

**Telephone:** \_\_\_\_\_ **Ext.** \_\_\_\_\_

**History of Communicable Diseases:**  
\_\_\_\_\_  
\_\_\_\_\_

**Conditions requiring Medical Attention:**  
\_\_\_\_\_  
\_\_\_\_\_

**Allergies:**  
\_\_\_\_\_  
\_\_\_\_\_

**Special instructions regarding dietary needs, rest and exercise:**  
\_\_\_\_\_  
\_\_\_\_\_

**Please indicate any custody orders, agreements or legal documentations; we need to be aware of:**  
\_\_\_\_\_  
\_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Office Use only**

**Date of Admission:** \_\_\_\_\_ **Date of Discharge:** \_\_\_\_\_

**Protecting Your Privacy**

Please note that by submitting personal information to the Centre, you consent to our use of the information for a variety of purposes to further the work of the Centre.

These purposes include:

Volunteer development

Safety and security

Relationship building

Centre sales and services

Philanthropic activities

Research, planning and education

Program and service registration

Participant needs and eligibility assessment

Legal, regulatory and contractual requirements.

If you (i) do not consent (ii) have any questions (iii) would like to limit some of the permitted uses simply inform us in writing at the Centre.