



### MAIN CONTACT

Adult's First Name		Adult's Last Name		Sex <b>M</b> <b>F</b>	
Address		City		Postal Code	
Daytime # ( )		Evening # ( )		E-mail address	

### EMERGENCY CONTACT

Adult's First Name		Adult's Last Name		Sex <b>M</b> <b>F</b>	
Daytime # ( )		Evening # ( )			

### PARTICIPANT #1

First Name		Last Name		Age ( )	Birth Date <u>  </u> / <u>  </u> / <u>  </u>	Sex <b>M</b> <b>F</b>	
Health Card #		Medical Conditions/Special Needs:					
Program Name	Start Date	Start Time	Location	FEE	Code*		

### PARTICIPANT #2

First Name		Last Name		Age ( )	Birth Date <u>  </u> / <u>  </u> / <u>  </u>	Sex <b>M</b> <b>F</b>	
Health Card #		Medical Conditions/Special Needs:					
Program Name	Start Date	Start Time	Location	FEE	Code*		

### PARTICIPANT #3

First Name		Last Name		Age ( )	Birth Date <u>  </u> / <u>  </u> / <u>  </u>	Sex <b>M</b> <b>F</b>	
Health Card #		Medical Conditions/Special Needs:					
Program Name	Start Date	Start Time	Location	FEE	Code*		

**\*Parents/guardians please fill out the Safe Arrival Form on the next page when registering your child/children that are 12 years of age and younger.**

I hereby release the Corporation of the County of Brant from all claims for damages arising from participation of the applicant hereon during any program or in any location where a program is held, (i.e. field trips, organized swim, etc.). Permission is hereby granted to the Parks and Recreation Department and its representatives to transport my child to a local doctor or hospital for medical treatment if necessary. The County of Brant reserves the right to use photographs of recreation programs for promotional purposes. Questions regarding this should be directed to the Recreation Manager, 519-442-6324 ext 3031.

### METHOD OF PAYMENT - (for Office Use Only)

<input type="checkbox"/> DEBIT	<input type="checkbox"/> CASH	<input type="checkbox"/> CHEQUE	RECEIPT #	SIGNATURE
<small>(Debit at Paris, Brant West and South Dumfries (payable to "The County of Brant") Service Area Offices Only)</small>				SUBTOTAL
Paris/Burford/St. George/Oakland/Onondaga (Circle) DATE: _____				TOTAL PAYMENT

The information is managed in accordance with the requirements of the Municipal Freedom of Information and Protection of Privacy Act, RSO 1990 and the Personal Health Information Protection Act 2004.

**\*For Office Use Only**



# SAFE ARRIVAL SIGN IN/OUT INFORMATION

Please complete the following form prior to the first day of program. It is mandatory that we receive all completed and up-to-date forms for children between the ages of 0-12 years.  
Please print and complete one form per participant.

**YOUR CHILD'S SAFETY IS VERY IMPORTANT TO US!**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ (M/D/Y) Age \_\_\_\_\_ Gender \_\_\_\_\_

Program Name and Time: \_\_\_\_\_

### ATTENDANCE

Attendance will be taken at the beginning of the program before activities begin. If your child will not be coming on a given day, please call, or write the staff a note the previous week.

### SUPERVISION

In order to provide proper supervision, it is important to know who will be escorting your child to and from the Program. Whether it be yourself, grandparents, brothers, sisters, or a neighbor. If at any other time someone different will be responsible, please inform the instructor as to whom.

**Please indicate below how your child will arrive and leave the program setting.**

Normally my child will be picked up by:

(Please complete only those that will be picking up your child)

Name	Relationship to Child	Home Phone Number	Cell Phone Number

\* Parents/guardians and anyone else picking up a child from programs may be requested to provide identification before release of the child.

My child is over 10 years old and will be coming to the program on their own and can leave by themselves. Yes \_\_\_\_\_ No \_\_\_\_\_

**\*\*If you have indicated that your child will be leaving program on his/her own, your child will be signed out of the program at program completion time.**

Parent/Guardian Name (please print) \_\_\_\_\_

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