

SAFE ARRIVAL - SIGN IN/OUT INFORMATION - Please complete when registering

It is mandatory that we receive all completed and up-to-date forms from children between 0-12 yrs.

Please indicate below who will be dropping off/picking up your child for programs:

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 of age and will be coming to the program on their own and can leave by themselves.

Yes _____ No _____



Parent/Guardian Name (please print) _____

Parent/Guardian Signature _____

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.

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

Please fill out this form and return by:

email to recprograms@brant.ca

fax to 519-442-3461

mail to Recreation Programs 66 Grand River St N Paris ON N3L 2M2

or bring to the first day of the program