

PROGRAM REGISTRATION FORM

Date: _____

Quarter: 1st

2nd

3rd

4th

SECTION 1: PARENT/LEGAL GUARDIAN INFORMATION

Parent / Guardian # 1

Name: _____

Relationship to Children: Mother Father Other: _____

Address: _____

Primary Contact Number: _____ Alternate Contact Number: _____

Please provide your Email Address if you would like to receive our monthly Newsletter: _____

Parent / Guardian # 2

Name: _____

Relationship to Children: Mother Father Other: _____

Address: _____

Primary Contact Number: _____ Alternate Contact Number: _____

Please provide your Email Address if you would like to receive our monthly Newsletter: _____

SECTION 2: EMERGENCY CONTACT INFORMATION *(Other than parent/guardian attending)*

Emergency Contact Name: _____

Primary Contact Number: _____ Alternate Contact Number: _____

SECTION 3: FAMILY MEMBER INFORMATION

Child's Name: _____

Child's Birth date: _____ Gender: _____

Child's Name: _____

Child's Birth date: _____ Gender: _____

Child's Name: _____

Child's Birth date: _____ Gender: _____

Child's Name: _____

Child's Birth date: _____ Gender: _____

SECTION 4: FAMILY STATISTICAL DEMOGRAPHIC DATA COLLECTION

This section is optional, parents may decline participation

Parent Declines

Does your family fall into any of the following categories:

- New to Canada less than 1 year
- New to Canada over 1 year but less than 3 years
- New to Canada over 3 years but less than 5 years
- New to Canada 5 years or more

- Yes / No Indigenous _____
- Yes / No Francophone _____
- Yes / No English / French not a first language _____
- Yes / No Born outside of Canada _____

Why do you want to access services?

- Enhance parental resilience
- Develop social and cultural connections
- Build knowledge of parenting and child development
- Other: _____
- Opportunities related to child and youth development
- Strengthening relationships within the family
- Access to concrete supports in times of need

ASSUMPTION OF RISK

In consideration of the child in my care and I being permitted to participate in the Activity, I ACKNOWLEDGE and AGREE to the following:

I am aware that there are physical risks associated with the child in my care and my participation in the Activity, which include but are not limited to collisions, slips, falls, accidents, illness, bodily contact, whether deliberate or accidental, and physical injury. I understand that the choice to participate in the Activity brings with it the assumption of those risks and I accept all responsibility for the child in my care and my participation in the Activity, including the possibility of personal injury, death, property damage, or other loss resulting there from.

I understand and agree I am solely responsible for the child in my care and my behavior and that the child in my care and I will obey all the rules and regulations pertaining to the Activity and all related activities. I understand that the rules and regulations are designed for the safety and protection of the participants and hereby undertake to ensure the participant abide by these rules and regulations.

I understand that certain activities require a minimum level of fitness and health and that each person has a different capacity for participating in these activities. I hereby warrant that the child in my care and I are physically fit to participate in the Activity.

I understand and agree that the Town of St. Paul, its elected officials, officers, agents, employees, and representatives are not responsible for any injury, loss, or damage of any kind sustained by the child in my care and I notwithstanding that the loss may have been contributed to, or occasioned by, the negligence of the Town of St. Paul, its elected officials, officers, agents, employees, and representatives.

I acknowledge that I have had the opportunity to seek legal advice. If I choose to sign this Informed Consent without first seeking legal advice I am hereby choosing to waive the right to seek prior legal advice. The personal information collected by Lakeland Family Resource Network is necessary to operate our programming. This collection is authorized by section 33 of the Freedom of Information and Protection of Privacy Act.

MEDIA RELEASE Occasionally, opportunities arise where images of yourself or the child in your care would be used in different media and in other promotional publications. By signing this form, you agree to the use of these images by the Town of St. Paul in future media publications. If you do not wish for your image or the image of the child in your care to be used please notify the staff prior to or during the program.

I UNDERSTAND THAT BY SIGNING THIS AGREEMENT, I GIVE UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE THE TOWN OF ST PAUL FOR ANY LOSS OR INJURY SUFFERED BY THE CHILD IN MY CARE AND I FROM PARTICIPATING IN THE ACTIVITY. MY SIGNATURE ALSO CONFIRMS THAT TO THE BEST OF MY KNOWLEDGE, I HAVE THE AUTHORITY AND LEGAL RESPONSIBILITY FOR THE PARTICIPANT.

Signed and dated this _____ day of _____, 20____.

Signature of Parent or Guardian #1

Signature of Parent or Guardian #2

Witness Signature
Print Name:

Witness Signature
Print Name:

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Information on this form is collected for the sole use of the town of St. Paul and is protected under the authority of the *Freedom of Information and Protection of Privacy Act, Sec. 33 (c)*, which regulates the collection, use, and disclosure of personal information.