

Office Use Only:

Date Received: _____

Staff Initials: _____

Kidproof Courses Registration Form

Participant Information

| Last Name | First Name | Date of Birth (D/M/Y) |
|-------------------|-------------------|-----------------------|
| | | |
| Current Age | Current Grade | Gender |
| | | |
| Mailing Address | City | Postal Code |
| | | |
| Home Phone Number | Cell Phone Number | Email Address |
| | | |

Parent / Guardian Information

| Mother / Guardian Name | Place of Employment |
|------------------------|---------------------|
| | |
| Work Phone Number | Cell Phone Number |
| | |
| Father / Guardian Name | Place of Employment |
| | |
| Work Phone Number | Cell Phone Number |
| | |

Emergency Contacts

| Contact #1 | Relation to Participant | Phone Number |
|------------|-------------------------|--------------|
| | | |
| Contact #2 | Relation to Participant | Phone Number |
| | | |

Participant Specific Information

| | |
|--|--|
| Is Participant currently on Medication? | Will you require medication while in our program? |
| | |
| Does Participant have any allergies? | Allergy |
| | |
| Does Participant carry an EPI Pen? | Doctor's Name |
| | |
| Does Participant carry a puffer? | Any other health concerns? Please state. |
| | |

Consent to Participate:

I give consent for _____ to participate in the YMCA of Timmins Kidproof course, including program research and evaluation. I understand that participants are responsible for their behaviour at all times. I hereby release the YMCA of Timmins, its agents, employees, directors, partners and assigns from any and all damages, liability, or costs resulting from participating in all non-organized activities or related activities howsoever caused while attending said event.

Signature of Parent/guardian: _____ Date: _____

Emergency Medical Consent

I, _____ give permission to the YMCA of Timmins to use whatever emergency measures are judged necessary for the care and protection of my child, _____ while under their supervision. In case of medical emergency, I understand that my child will be transported to an appropriate facility by the local emergency unit for the treatment if the local emergency resource deemed necessary. It is understood that in some medical situations, the staff will need to contact the local emergency medical system before the parent or guardian acting on the parents behalf. Any expenses occurring in the case of such emergency will be the responsibility of the parent / guardian. The YMCA of Timmins will not be responsible for anything that may happen as a result of false information given at the time of enrolment.

Signature of Parent / Guardian: _____ Date: _____

Authority and Release

(Child travel to/from program)

I _____, the parent/legal guardian of _____
(Parent/Guardian Name) (Child's Name)

permit him/her to walk unescorted to/from the YMCA building located at 376 Poplar Avenue Timmins Ontario, where he/she is a registered participant in a YMCA program.

The above mentioned child will arrive on the premises at approximately _____ am/pm.
The child may leave the program at _____ am/pm.

This arrangement is to begin on _____ and will
Day/Month/Year
end on _____.
Day/Month/Year

I hereby release and relieve the YMCA of Timmins and its staff from and all responsibilities for and in respect to the above mentioned child before he/she arrives on the premises of the YMCA facility and after they leave the program as stated in the agreement above.

Please notify the YMCA if your child will not be parent for the scheduled program. We will notify the appropriate staff/program. This will prevent us from initiating a missing child search.

Parent/Guardian Signature

Date

Supervisor Signature

Date

Manager Signature

Date

Photo & Video

Consent, Assignment & Release Form

PURPOSES: For marketing, advertising, promotional and/or communication purposes, the YMCA may, from time to time, take photographs and/or video recordings of YMCA based activities or events that include real people, which photographs and video recordings will be placed in the YMCA National Photo Bank and which may be used by the YMCA in Canada and elsewhere in the world, for its own informational, promotional or advertising purposes, and by any other person authorized by YMCA (an “**Authorized Third Party**”) to use such photos or video recordings, in any part of the world, in connection with such Authorized Third Party’s support for, association with, or arrangements with, YMCA (collectively, the “**Purposes**”). For purposes of this Form, “YMCA” refers to YMCAs and YMCA-YWCAs in Canada or elsewhere in the world (as part of the World Alliance of YMCAs) and to YMCA Canada, and the World Alliance of YMCAs.

By signing this Form, you are consenting to the taking of photographs and/or video recordings of you by the YMCA for the Purposes, you are assigning to the YMCA, and waiving any rights you have related to, any such photographs and/or video recordings, and you are consenting to the use of any such photographs and/or video recordings, in whole or in part, by the YMCA and any Authorized Third Party for the Purposes.

For valuable consideration received but without any promise of remuneration, **I hereby agree to allow photographs and/or video recordings to be taken of me**, whether posed or candid, while I am on YMCA property and/or participating in YMCA activities or events, **to be reproduced, published, displayed, broadcast, transmitted, licensed, sublicensed or otherwise used by the YMCA or any Authorized Third Party in connection with the Purposes**, including without limitation on YMCA internet web sites, in YMCA printed materials, or in any other materials or medium whatsoever and wherever (the “**Work Product**”). I confirm that neither the YMCA nor any Authorized Third Party shall be obligated to use the Work Product.

I understand that the Work Product is being created under the direction and control of the YMCA. **I hereby irrevocably assign to the YMCA any and all rights, including copyright, financial or other rights, and I hereby irrevocably waive in favour of YMCA and any Authorized Third Party any and all moral rights or rights of similar nature that I may have in the Work Product.** I agree that the YMCA has the sole worldwide ownership and rights in and to the Work Product, including copyright interests, and I acknowledge that I have no interest or ownership in the Work Product or its copyright.

I agree that I will not bring or consent to others bringing a claim or action against the YMCA on the grounds that anything contained in the Work Product, or in the manner in which the Work Product is used, is defamatory, reflects adversely on me, or violates any other right whatsoever, including, rights of privacy and publicity. **I hereby release and forever discharge each of the YMCAs, any Authorized Third Party and their respective** officers, directors, employees, agents, partners and affiliates, and their respective heirs, executors, personal legal representatives, successors and assigns, as applicable, from all actions, claims, causes of action, suits, demands, liabilities and damages whatsoever, in law or equity, which I may have against any of them in connection with the Work Product.

I confirm that I am over the age of majority in my province or territory of residence and am competent to execute this Form and to participate in the development of the Work Product; or, to the extent that I am under the age of majority in my province or territory of residence, have had my parent or guardian review this Form and consent to my participation in the creation of the Work Product on my behalf.

Any inconsistency between this Form as expressed in English and any other language shall, to the full extent permitted by applicable law, be resolved by reference to the English version. Les parties ont convenu de rediger cette entente en anglais.

By signing my name, I (or my legal guardian, where applicable) acknowledge that I (or we) have carefully read and understand this Form.

Date: _____

Print Name: _____

Telephone No.: _____

Address: _____

Signature of Witness

Signature of Participant

Name of Parent or Guardian, if applicable