

Hillsborough Promoters Inc.

SUMMER PROGRAM REGISTRATION

GENERAL INFORMATION

*Child Name: _____

*Parent/Guardians Name:

*Address: _____

*Telephone Numbers:

Home: _____ Work: _____ Cell: _____

Email Address: _____

** Emergency Contact Information

Name: _____ Number: _____

*Age _____ *Date of Birth (DDMMYYYY): _____ Male _____ Female _____

INTERESTS

Hobbies/Interests: _____

PAYMENT OPTIONS

* registration fee is \$50.00 per month or a part time fee of \$30.00 per month.

* payments may be paid in full for both months if desired or for each month .

* payments for July are due by **July 1, 2010**/ payments for August are due by **August 1, 2010**

* payments may be made by cash or cheque made payable to :

Hillsborough Promoters

PO BOX 322

Charlottetown, PE

C1A 7K7

This form is to be filled out and signed by the parent if the child has a medical condition and/or is taking any form of medication.

This form provides the leaders with important information regarding the child and the type of medication that is being used. This form also provides the parent's or guardian's the opportunity to state whether or not they wish to **give permission to the Hillsborough Promoters to administer medication** to their child if it has to be taken during any of the youth group meetings or events.

Child's Name _____

Does your child have any medical conditions that the Youth Group Leaders should be aware of?

Yes

No

If yes, please describe the medical condition (ie. allergies, diabetes, asthma, etc.)

Does your child have to take medication for this medical condition?

Yes

No

Name and type of medication: _____

Dosage and time medication to be given: _____

Possible side effects: _____

*Family Doctor: _____ *Phone Number: _____

*Provincial Health Card Number: _____

MEDICAL ADMINISTRATION PERMISSION: Do we have your **permission to administer medication** to your child if it has to be taken during any summer camp hours?

Yes, I give permission to have my child's medication administered.

No. I do not give permission to have my child's medication administered

* Parent/Guardian's Signature

* Date

PARTICIPATION, RELEASE AND INDEMNIFICATION FOR LOW- RISK ACTIVITIES

THIS FORM MUST BE READ AND SIGNED BY A PARENT OR GUARDIAN OF EACH YOUTH GROUP PARTICIPANT

Child's Name: _____

Throughout the summer we will be attending or may be provided the opportunity to participate in educational activities and events that occur during the regular group hours.

Any activity may involve a certain element of risk. Accidents may occur while participating in or traveling to and from such activities. These accidents may cause injury and occur without fault on the part of the Leaders, where the activity or event is taking place. In allowing your child to participate, the parent or guardian assumes the risk associated with an accident occurring.

The Youth Group does not provide any accidental death, disability, dismemberment or medical expenses insurance on behalf of your child participating in these activities. You may wish to consider purchasing additional personal/medical coverage.

For the purpose of this form, a Low Risk Activity is defined as any activity which occurs during the regular group day or is held in a location away from the Hillsborough Community Hall.

ACKNOWLEDGEMENT AND PERMISSION:

We have read the above, and we give permission for our child stated above to attend or participate in any and all Low Risk Activities, as defined above, for which he/she may be eligible. We provide this permission with the assurance that no such event or activity will take place without prior notification being sent to us outlining the nature of the event (or series of events), the date(s) and time(s). At the time of such notification, we reserve the right to refuse permission for our child to attend the particular event(s). We recognize the potential for injury or property damage, and we agree to assume the risks associated with these activities and events.

We also recognize that failure on the part of our child to obey safety rules or failing to follow the rules or instructions laid out by the leaders, volunteers, or people helping to stage the event may result in our child being subjected to disciplinary action.

RELEASE AND INDEMNIFICATION - In consideration of the above-noted community organization allowing our child to participate in the activities listed above, we hereby agree to release, and hold harmless, the Youth Group leaders or volunteers, from actions, causes of action, claims, suits and demands of whatever nature including negligence, except for the gross negligence of the Youth Group leaders, volunteers and agents. We understand that this release applies to any injury, loss or damages sustained while participating in or being transported to or from these activities.

*Parent/Guardian Signature

* Date

VIDEO AND PHOTOGRAPH PERMISSION

During the summer we will be taking pictures and videotaping different outings/activities that the youth group will participate in. Do we have your permission to take your child’s picture and to have them videotaped during these occasions?

Yes

No

* Parent/Guardian Signature

* Date

WEBSITE CONTENT PERMISSION

Our organization has a Web page for our community. This Web page will contain information on our organization and different group pictures of events we take part in. The Hillsborough Promoters would like to assure that no names of your children will be on the web page at any time. In order for us to be able to include your child in the group shots that will be put on the web page we need to have your permission .The web addresses are <http://www.hillsboroughpromoters.ca> and [http:// www.hhhyouthgroup.ca](http://www.hhhyouthgroup.ca).

Yes My child is able to have their picture on the Hillsborough Promoters web page.

No My child is not able to have their picture on the Hillsborough Promoters web page.

* Parent/Guardian Signature

* Date