

CARLETON COMMUNITY CENTRE
Child Registration Profile
All fields must be completed

Child's Name	First	Last	Gender
Date of Birth	Medicare Number		Expiry Date
Address	Street	Apt #	City/Town Prov Postal Code

FIRST Parent/Guardian Name	Email Address	Home Telephone #
Address	Street	Apt # City/Town Prov Postal Code
Place of Work	Work Telephone #	Cell Phone

SECOND Parent/Guardian Name	Email Address	Home Telephone #
Address	Street	Apt # City/Town Prov Postal Code
Place of Work	Work Telephone #	Cell Phone

Child's living arrangement

Other than you, who has permission to pick up your child?			
Name	Relationship	Address	Phone Number
Who does NOT have permission? Appropriate custody papers to be provided if parent is not permitted to have contact with the child. Please discuss with Youth Coordinator.			

*If changing pick up arrangements, parents must inform the facility prior to child being picked up

TWO emergency contacts (other than parents/guardians)

Must be able to respond within one hour if parent(s)/guardian(s) cannot be reached

Name	Relationship	Address	Phone Number

Child's Health Record & Medical History

ALLERGY ALERT: Please list any allergies and/or dietary restrictions (medical, cultural, religious)

Are any of the above allergies severe enough to require Epipen, medication or emergency treatment?

Yes No

Does your child require any essential routine services on a regular basis as part of a daily routine such as ongoing administration of medication, special hygiene procedures, or ongoing observation of certain health conditions, such as diabetes, to determine when intervention is needed?

Yes No

Does your child have any physical or psychological limitations that we should be aware of and/or affect their participation in any program activities?

Yes No If yes, please explain: _____

If you answered yes to any of the above questions, please complete an Allergy Management and/or Essential Routine Services & Emergency Plan with the Coordinator.

PLEASE ADVISE THE COORDINATOR IMMEDIATELY OF ANY CHANGES TO YOUR CHILD'S HEALTH

Name of Medical Practitioner: _____

Telephone Number: _____

Is your child up to date with immunizations? Yes No

Please note this will not impact your child's participation in our programming.

Consent for Emergency Care and Transportation

If at any time medical treatment is necessary, due to circumstances such as an injury or sudden illness, I authorize the Carleton Community Centre staff to take whatever emergency measures are necessary for the protection of my child in their care.

I understand this may involve applying first aid, contacting a medical practitioner, carrying out the instructions given, and/or transporting my child to a hospital, including the possible use of an emergency vehicle.

I understand that this may be necessary prior to contacting me and that any expense incurred for such treatment, including emergency transportation is my responsibility.

Parent/Guardian Signature:

Date:

Child Development
Please tell us a little about your child; what does your child like to do?
Are there any hints/suggestions that will help make your child's participation with us a positive one?
Is there anything else you would like to share with us about your child?

CARLETON COMMUNITY CENTRE RELEASE AGREEMENT

In consideration of being permitted to participate in this program, the undersigned agrees to the following:

Transportation to/from

I, as parent/guardian, assume full responsibility of the participant's arriving to and from any Carleton Community Centre program and, further acknowledge that I will be available at all times to the participant, if the participant wishes to leave the Centre at any time.

My child has permission to leave the Centre at any time/on foot: Yes No

Off Site Outings & Excursions

As part of the day, walking trips may be taken off premises within the neighbourhood. Consent will provide more flexibility and allow for spontaneity in the planning. I give permission for my child to be able to participate in the walking trips off premises.

Consent forms for any motor transportation trips will be separate for each outing.

Media Release/Privacy Information

I authorize Carleton Community Centre to use photographs, video recordings or any other likeness of my child in its promotional or sales materials, advertisement, website, Facebook site, Instagram or other forms of social media and I hereby waive any right to compensation or any claim of ownership thereto. CCC has policies to safely obtain and use such content; media policies can be made available upon request. Personal information collected by Carleton Community Centre is kept strictly confidential. Contact information may be shared with Public Health officials as required.

Parent/Guardian Signature	Date
Parent/Guardian Signature	Date

COVID-19 Assumption Of Risk & Liability Waiver

(V1.0) Please read the waiver below carefully and sign in the designated area.

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, provincial, and municipal governments and local health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. **Carleton Community Centre** (“the Centre”) has put in place preventative measures to reduce the spread of COVID-19; however, the Centre cannot guarantee that you will not become infected with COVID-19. Further, attending the Centre could increase your risk of contracting COVID-19.

By checking the boxes and signing this agreement, you acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that you and/or your child may be exposed to or infected by COVID-19 by attending the Centre and that such exposure or infection may result in personal injury, illness, permanent disability, and death.

I understand that the risk of becoming exposed to or infected by COVID-19 at the Centre may result from the actions, omissions, or negligence of myself, my child and others, including, but not limited to, Centre employees, volunteers, and program participants and their families.

I voluntarily agree to assume all the foregoing risks and accept sole responsibility for any injury to myself/my child (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that my child may experience or incur in connection with my attendance at the Centre or participation in Centre programming (“Claims”).

On my behalf, I hereby release, covenant not to sue, discharge, and hold harmless the Centre, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto.

I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Centre, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Centre program.

I understand and agree that a COVID operational plan is in place, and while attending programming we will respect these guidelines and/or restrictions at all times.

_____	_____	_____
Participant Full Name	Today's Date	Signature

_____	_____	_____
Parent/Guardian Full Name	Today's Date	Signature

_____	_____	_____
Name of Witness	Today's Date	Witness Signature

WARRANTY AND CONSENT OF PARENT/GUARDIAN

ASSUMPTION OF RISK RELEASE AND WAIVER OF LIABILITY INDEMNITY AGREEMENT

READ BEFORE SIGNING

IN CONSIDERATION of allowing my minor child/ward to participate in the programme, related events and activities of/at **Carleton Community Centre.**

I WARRANT TO YOU THAT:

1. I am a parent/guardian having full legal responsibility for decisions regarding my minor child/ward, and
2. I am familiar with the risk of serious injury and death which any participant in this programme must assume, and
3. I believe that my minor child/ward is physically, emotionally, and mentally able to participate in this programme, and that his/her/their equipment is mechanically fit for his/her/their use in this programme, and
4. I understand, and will instruct my minor child/ward, that all applicable rules for participation must always be followed and that the sole responsibility for personal safety remains with my minor child/ward, and
5. I will immediately remove my minor child/ward from participation, and notify the nearest official/volunteer/employee, if at any time I sense or observe any unusual hazard or unsafe condition or if I feel that my minor child/ward has experienced any deterioration in his/her/their physical, emotional or mental fitness for continued participation in the programme.

I UNDERSTAND AND AGREE, ON BEHALF OF MY MINOR CHILD/WARD, MYSELF, MY HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES AND NEXT OF KIN, THAT MY EXECUTION OF THIS DOCUMENT CONSTITUTES:

1. an unqualified ASSUMPTION OF ALL RISKS associated with participation in this programme by my minor child/ward even if arising from negligence, or gross negligence, including any compounding or aggravation of injuries caused by negligent rescue operations or procedures, of the programme organizer and any persons associated therewith or participating therein, and
2. a FULL AND FINAL RELEASE AND WAIVER OF LIABILITY of the programme organizer and all persons and organizations associated with it and the programme including, without limiting the generality of the foregoing, its officers, directors, officials, coaches, agents and/or employees, volunteers, other participants, sponsors, advertisers, owners and/ or lessors of the premises used to conduct the programme, sanctioning bodies, medical or rescue personnel (the RELEASEES), of and from with the respect to all injury, disability, death or loss or damage to person or property whether arising from the negligence, or negligent rescue of or by the foregoing or otherwise, and
3. an UNDERSTANDING NOT TO SUE the RELEASEES for any loss, injury, costs or damages of any form or type, howsoever caused or arising, and whether directly or indirectly from the participation of my minor child/ward in the programme, and
4. an AGREEMENT TO INDEMNIFY, and to SAVE and HOLD HARMLESS the RELEASEES, and each of them, from any litigation expense, legal fees, liability, damage, award or cost, of any form or type whatsoever, they may incur due to any claim made against them or any one of them whether the claim is based on the negligence or the gross negligence of the RELEASEES or otherwise.

I HAVE READ THIS DOCUMENT THOROUGHLY.

I UNDERSTAND THAT THE RELEASEES ARE RELYING UPON MY WARRANTIES, ASSUMPTIONS, WAIVER AND RELEASE, UNDERTAKINGS AND AGREEMENTS WHEN ACCEPTING MY MINOR CHILD'S/WARD'S PARTICIPATION IN THIS PROGRAMME.

I UNDERSTAND THAT BY SIGNING THIS DOCUMENT I GIVE UP SUBSTANTIAL LEGAL RIGHTS I AND/ OR MY MINOR CHILD/WARD WOULD OTHERWISE HAVE.

I SIGN THIS DOCUMENT VOLUNTARILY AND WITHOUT INDUCEMENT.

SIGNATURE OF PARENT/GUARDIAN

printed name of parent/guardian

SIGNATURE OF WITNESS

printed name of witness

DATE

NAME & AGE OF MINOR