



Marking Days 2018 Registration Form

Registration Deadline: June 22nd. 2018- Email forms to knewcombe@wolfville.ca

Current school: _____

CHILD INFORMATION: Name: _____

Date of Birth: _____ Age: _____ Grade: _____ Male Female

Phone #: _____ Mailing Address: _____

City: _____ Prov: _____ Postal Code: _____

Health Card #: _____ Expiry Date: _____

Parent/Guardian's Name: _____

Work Phone: _____ Cell Phone: _____

E-mail: _____

Parent/Guardian's Name: _____

Work Phone: _____ Cell Phone: _____

E-mail: _____

Emergency Contact (different from Parent/Guardian): _____

Relationship to Child: _____ Phone #: _____

Please list all the people who have permission to pick up your child from the program (i.e. babysitter, friend of family, other child's parent). *Anyone not on list must be confirmed by program coordinator prior to pick up.*

Does your child have permission to walk home at the end of program? Yes / No

MEDICAL INFORMATION:

(all information is kept confidential)

Does your child have a medical condition we should be aware of?:

Does your child have any allergies (food or otherwise)?:

List any additional information below:

SIGN-UP & PAYMENT INFORMATION:

Program	Date	Amount
Marking Day	June 28 th	\$20

Payment Options:

Cash Cheque (Please make cheques payable to *Town of Wolfville*)

Note: All payments are to be in cash or cheque. Please make all cheques out to the Town of Wolfville. Payments can be processed at 200 Dykeland Street or on the first day of the program. Cash can only be accepted by James Collicutt at 200 Dykeland Street or Town Hall. Please email your completed registration form to knewcombe@wolfville.ca

PROGRAM PARTICIPANT WAIVER:**Participant Release and Knowledge of Agreement:**

I _____, wish for my child to participate in the Town of Wolfville’s Marking Days program. I understand that there are inherent risks in having my child participate in these programs. I understand and agree that my child is expected to follow all safety precautions and to use appropriate protective equipment as outlined by the program/service provider and/or instructor. I understand and agree that it is my responsibility to inform the Community Development Officer of any conditions or changes in health, now and ongoing, which might affect my child’s ability to participate with minimal risk of injury. I agree that the Town of Wolfville shall not be liable or responsible for any injuries to my child resulting from his/her participation in this program and I expressly release and discharge the Town of Wolfville and its employees, agents, and/or assigns from all claims, actions, judgments and the like which I or my heirs, executors, administrators or assigns may have or claim to have as a result of injury or other damage which may occur in connection with his/her participation in these programs, except only an injury caused by the gross negligence or intentional act of such person or persons. This release shall be binding upon my heirs, executors, administrators and assigns.

Participant’s Name: _____

Parent/Guardian Signature: _____ Date: _____

Videography/Photography Consent:

We occasionally take photos or videos to document a Town of Wolfville activity which could then be used in our promotional and/or educational materials (including social media). Permission is granted for the Town of Wolfville to use still photographs or video footage for this participant for these purposes only.

Yes: _____ No: _____ Participant’s Name: _____

Parent/Guardian Signature: _____ Date: _____