

HERITAGE COMMUNITY ASSOCIATION PROGRAM REGISTRATION FORM



Let's Move: Tuesdays, Oct. 8 – May. 26 (excluding Dec. 24, Dec. 31, Feb. 18, Apr. 14), 6:30 – 8:30 PM, at Thomson Community School. Ages 9-14. This is a physical activity program. Participants sometimes stay in Thomson's gym for activities like judo and handball, and sometimes venture off-site to do activities such as swimming, laser tag, and gymnastics. Snacks and transportation provided. All free. **Registration Deadline: Oct. 1st 2019**

PARTICIPANT NAME: _____ PRESENT AGE: _____

SCHOOL: _____ GRADE: _____ SHOE SIZE: _____

MEDICAL INFORMATION: Does your child have any allergies, special needs, physical limitations, or medications?

Yes _____ No _____

If yes, please list _____

(optional) Is participant of Aboriginal ancestry (Status Indian, Non-Status Indian, Inuit, Métis)? Yes No

(optional) Is participant a Newcomer to Canada (arrived within the last 5 years)? Yes No

PARENT/GUARDIAN 1: _____ PARENT/GUARDIAN 2 (optional): _____

ADDRESS: _____ ADDRESS: _____

PHONE: _____ CELL: _____ PHONE: _____ CELL: _____

EMAIL: _____ EMAIL: _____

EMERGENCY CONTACT (other than parent): NAME: _____ PHONE: _____

In the event of illness or injury to my child, which in the judgment of the HCA staff and volunteers requires emergency medical treatment, my permission is granted to obtain immediate medical care after attempts made to contact me have been unsuccessful. I also give permission for my child to be transported by emergency vehicle if deemed necessary by the Emergency Medical Services. I agree to be responsible for all expenses that arise out of such actions.

I agree to hold harmless the Heritage Community Association, the City of Regina, and/or the Regina Public and Separate Schools, its agents, volunteers and employees of any personal or property liability and/or personal injury while participating in this program.

I have read this release of liability and assumption of risk agreement. I fully understand its terms, and sign it freely and voluntarily without any inducement.

SIGNATURE: _____ DATE: _____

(Parent/Guardian only)

I give my permission for my child to be photographed. Pictures may be used for promotional purposes by the Heritage Community Association.

SIGNATURE: _____ DATE: _____

(Parent/Guardian only)

