HERITAGE COMMUNITY ASSOCIATION PROGRAM REGISTRATION FORM



Let's Move: Mondays November to June (excluding holidays) at Thomson Community School in the gym. This is a physical activity program. Snacks provided Cost: Free ************************************** PARTICIPANT NAME: _____ MALE ____ FEMALE____ SCHOOL:_____ GRADE:____ PRESENT AGE: ______ MEDICAL INFORMATION: Does your child have any allergies, special needs, physical limitations, or medications? If yes, please list Is participant of Aboriginal ancestry (Status Indian, Non-Status Indian, Inuit, Métis)? Yes □ No □ MOTHER/GUARDIAN: ______ FATHER/GUARDIAN: ____ ADDRESS: ____ ADDRESS: PHONE: _____ CELL: _____ PHONE: _____ CELL: ____ 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 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)

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