



Children's Programs - Registration Form

Please Print. NOTE all snacks and lunches must be NUT-FREE. Thank you!

1. Name: _____ Birth Date: _____ DD/MM/YY

2. Name: _____ Birth Date: _____ DD/MM/YY

3. Name: _____ Birth Date: _____ DD/MM/YY

Parent/Guardian: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Parent/Guardian: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Address: _____ City: _____ Postal: _____

Email: _____ Who may we contact during work hours? _____

*Children must be with the designated age range on the first day of the program. We reserve the right to ask for appropriate documentation and/or remove a child from the program if he/she is not within the specified age range.

Health Card Number(s): _____

Child No. 1

Child No. 2

Child No. 3

Family Doctor: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Special Concerns - In order to create a positive experience for your child, please list any BEHAVIOURAL PROBLEMS, SPECIAL PHYSICAL or MEDICAL NEEDS, including allergies

If a child has a physical, learning, or behavior special need, please let us know at registration. Extra assistance may be required in certain cases, in the form of a parent or guardian attending to chaperone their child.

WAIVER AND ASSUMPTION OF RISK:

As part of registering my child(ren) for a program at the Bruce County Museum & Cultural Centre, I hereby agree as follows:

1. That I acknowledge that I am aware of the risks associated with this activity and the possibilities of accident or injury, which are inherent in this type of activities and I hereby accept to take that risk on behalf of myself and my child(ren). I declare that my child(ren) is fully covered by medical, dental and hospital insurance, including emergency treatment, and that I am fully protected in case of an accident to my child(ren).
2. That I affirm that my child(ren) is in good health, capable of participating in the program and activities of the Children's Programs, and I accept personal risk on behalf of myself and my child(ren) for the consequences of such participation.
3. That I affirm that I have listed any behavioural programs, special physical, emotional or psychological or medical needs on this form, OR I have discussed them with the camp supervisor.
4. That in the event of an accident or medical problem suffered by my child(ren), I consent to the Children's Program leaders to seek out and/or administer the appropriate medical care.
5. To save harmless and keep indemnified the Children's Program and the Bruce County Museum & Cultural Centre and their respected agents, officials, servants and representatives from and against all claims and actions, costs, and expenses and demands, in respect of injury, loss or damage or death to myself or my child(ren)'s person.
6. That my child(ren) will follow the rules and guidelines of the Children's Program. If my child(ren) is not following the rules and guidelines, I will come and pick up my child from the program and forfeit any program fees paid.
7. That the entire program fee is non-refundable unless I provide notice of cancellation at least one business day (Monday - Saturday) prior to the start of the program.
8. That my child(ren) may participate in offsite activities during the course of the program.
9. That I declare this Waiver and Assumption of Risk is binding on me, my child(ren), my heirs, executors, administrators and assigns.

I have read this Waiver and Assumption of Risk and I fully understand all aspects of it.

Signature of Parent/Guardian

Date

In the event that photographs are taken of myself or my child(ren) while participating in Children's Programs, I understand that these photographs will become the property of the BCM&CC and I do give permission for these photos to be displayed or publicized in print or in an online format at a later date.

Signature of Parent/Guardian

Date

☐ If you would like to subscribe to the Bruce County Museum & Cultural Centre's electronic communications please check this box. These communications may include exhibit openings, newsletters, updates, announcements, special events or other information of interest to you ("Electronic Communications"). As of July 1, 2014, Canada's anti-spam legislation requires that we obtain your consent to send you electronic communications. You can unsubscribe at any time by clicking the unsubscribe button at the bottom of the emails.

STAFF MEMBER ACCEPTING FORM: _____