



## Municipality of South Bruce Program Registration Form

<b>Participant Information</b> To add children, please fill out "Additional Children Registration Form"			
Name	Gender	Birthdate	
Address			Postal Code
Allergy Information			
Health Information			
Physical Requirements			

<b>Parent Information</b>			
Parent Name	Relation	Email	
Primary Phone Number		Secondary Phone Number	
Address <input type="checkbox"/> Same as child			Postal Code
Parent Name	Relation	Email	
Primary Phone Number		Secondary Phone Number	
Address <input type="checkbox"/> Same as child			Postal Code

<b>Emergency Contacts</b> Must Provide Two Contacts			
Name		Relation	
Primary Phone Number		Secondary Phone Number	
Name		Relation	
Primary Phone Number		Secondary Phone Number	

<b>Approved Pick Up Persons</b> The following individuals are authorized to pick up my child		
Name	Relation	Phone Number
Name	Relation	Phone Number

<b>Program Information</b>			
Participant Name	Program	Location	Fee

Total Payment Due \_\_\_\_\_



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### Photography and Video Release

I hereby grant permission to the Corporation of the Municipality of South Bruce, and its agencies, to publish, print, reproduce or exhibit my name and image and that of my underage children, in whole or in part, in print, electronic or video format in publications and/or online connect prepare by the Corporation of the Municipality of South Bruce and/or its agencies

I waive the right to inspect or approve of any photograph or video. I agree that I shall have no claim against the Corporation of the Municipality of South Bruce or against anyone accessing these materials whether online or in print. I understand that no remuneration will be paid to me or my children.

I understand and agree that these materials will become the property of the Corporation of the Municipality of South Bruce to edit, alter and publish in any medium perpetuity.

I confirm that I am over 19 years of age. I confirm that I have ready the release before signing and understand the contents and terms of the release.

Initial \_\_\_\_\_

### Permission for Local Trips

I give permission for my child(ren) to participate in offsite activities within the community.

Yes Initial \_\_\_\_\_  No Initial \_\_\_\_\_

### Return Home Alone Consent

The following child(ren) have permission to return home alone after program

1)	2)
3)	4)

I would like to be added to the Recreation e-mail list to receive news, updates, and more  Yes  No

#### Parent Name

<b>Signature</b>	<b>Date</b>
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#### Staff Name

<b>Signature</b>	<b>Date</b>
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Note: 'Parent' is defined as a person having lawful custody of a child or person who has demonstrated a settled intention to treat a child of his or her family and includes legal guardians.

### Office Use Only

Date Received	Staff Initials	Amount Paid	Method
Date Payment Entered	Staff Initials	Receipt Number	

#### Collection of Personal Information

The personal information collected on this form is collected under the authority of the Municipal Act and will be used for registration purposes and to monitor and evaluate recreation programs for South Bruce. Questions about this collection should be addressed to the Recreation and Facilities Manager at 519-392-6623.