

Waterford Old Town Hall
March Break Program- March 15-19, 2010

REGISTRATION and CONSENT FORM

Name of Student: _____ M/F: _____
Date of Birth: _____ Age: _____
Parent(s)/Guardian(s): _____
Address: _____
City: _____ Postal Code: _____
Telephone #: home: _____ work: _____ cell: _____
E-mail: _____

Ontario Health Card # (OHIP): _____
Medical Conditions (eg. asthma): _____
Medications: _____
Allergies (eg food, bees, medications, etc.): _____
Emergency Contact (name & tel. no.): _____

OHIP numbers will be kept confidential and will only be shared with a provincially funded health resource for the purpose of providing health care services to your child(ren).

Registration Fee: \$20/day (+\$3/day for before or after care)

Dates Registered: March 15 ____ 16 ____ 17 ____ 18 ____ 19 ____

Before/ after care dates: _____

Paid **Cash OR Cheque #** _____

Make cheque payable to: **Old Town Hall**

Refund policy: No Refunds After March 8.

I consent to my child's participation in the Old Town Hall's classes and activities, on and off premises of the Old Town Hall. I agree that, having taken the necessary precautions, the Old Town Hall and its staff will not be held responsible for any sickness or accident to my child. In the event that my child requires medical attention, I consent to my him/her being transported to the nearest emergency centre, by private vehicle or ambulance if necessary, and accept that I am responsible for any costs incurred.

I release Old Town Hall to take photos of my child/ren, which may be used to represent and publicize programs that happen at the Hall. Yes ____ No ____

Parent/Guardian Signature

Date

Parent/Guardian Name (please print)