

Registration

1. Please complete the registration form. **Registration not complete without Forms and payment.**
2. Medical information must be completed for registration to be deemed complete.

*** Please arrive at least 15 minutes prior to scheduled start time. Programs begin promptly at posted time.**

Name(s) of Parent(s)/Guardian(s): _____

Names of Child(ren): (aged 6 to 12)

1. _____ Date of Birth: _____ Age: _____
2. _____ Date of Birth: _____ Age: _____
3. _____ Date of Birth: _____ Age: _____

(Proof of age may be required, i.e. birth certificate)

Address: _____

City: _____ Postal Code: _____ Telephone: _____

Cell Phone: _____ Work Phone: _____

E-Mail: _____ Fax: _____

Museum Membership #: _____

I would like to receive emails about Museum programs and events.

Who has permission to pick up your child at the end of the program?

_____ OR _____

Allergies: _____

Medication(s) (that we should be aware of):

Is there anything else you would like the leaders to know about your child's health or behaviour?

In case of an emergency, please indicate an alternate contact if the parent/guardian is not available:

Name: _____ Telephone: _____

Relationship: _____

Parental Waiver and Media Release Form

The signing of this form will cover the *Children's Programs* at the Collingwood Museum from any liabilities that may arise during the participant's involvement in the aforementioned programs.

Participant's Name(s): _____

Participant's Address: _____

Parent/ Guardian Telephone: _____

In consideration of my son/daughter being admitted into the programs operated by the Collingwood Museum, I hereby release the Town of Collingwood from all claims for damages incurred from any accident or injury which is caused by or arises from participation of the applicant herein. I state that my child(ren) is able in all respects to participate in any program at any facility, at the location where the program is being delivered and including field trips throughout the Town of Collingwood.

I hereby give permission to the person in charge, to enact the town's emergency procedure in the event of an accident involved the above mentioned participant(s). Such action would only be taken if immediate contact with parents cannot be made. Parents will always be notified in the event of an emergency.

Signature of Parent/ Guardian

Date

Photographs: Photographs are often taken during our Children's Programmes. These pictures can be used on the Town of Collingwood website, and for our marketing purposes. Our events are often captured by the local newspaper and television station and used in their publications/broadcasts.

Please signify below your wishes on this matter:

No, I do not wish my child/ children to be photographed and/ or videotaped.

Yes, I give permission for my child/ children to be photographed and/or videotaped.

Signature of Parent/ Guardian

Date