

PARTICIPANT INFORMATION

Participant Name		Birthdate DD/MM/YYYY	Age
Address		Phone Number	Alternate Phone Number/Email
Parent/Guardian Name	Phone Number	Alternate Phone Number/Email	
Parent/Guardian Name	Phone Number	Alternate Phone Number/Email	
Emergency Contact	Phone Number	Alternate Phone Number/Email	

MEDICAL/SPECIAL CONSIDERATION INFORMATION

Please provide information for participants who have medical, cognitive, or physical considerations that may affect their participation in the drop-in programs offered by Recreation Services.

TERMS AND CONDITIONS

1. All participants must submit a signed Drop-in Registration and Waiver Form in order to participate in Drop-in Programs.
2. All participants must behave in a respectful manner. Harassment, dangerous behaviour and violence will not be tolerated.
3. All participants must sign-in with staff prior to entering program space.
4. Preschool and Family Programs require Parents/Guardians to supervise Children/Dependants at all times. Parents/Guardians must be in the program area at all times.
5. Staff are responsible for facilitating Drop-in Programs. Parents/Guardians must supervisor children (under 9yrs) at all times. Youth Drop-in Programs permit participants to enter and exit programs as desired. Staff do not monitor participants once they exit the program space.
6. Persons with known medical conditions should advise staff upon arrival and should report information on the Registration and Waiver Form.
7. Staff are not responsible for any lost or stolen items.
8. Participants must be inclusive of all levels and abilities. Staff may mediate if equipment and space is not being shared fairly among participants.
9. All participants must use program space as intended by the Sessional Drop-in Schedule. Alternate activities will not be permitted.
10. Outside equipment such as basketballs will be allowed on a case to case basis. If Staff determine it is not appropriate for the program, individuals will be asked to remove equipment from program space/building.
11. Drop-in programs will be facilitated within the allotted times. Participants must be ready to leave when the program is scheduled to end.
12. Failure to comply with the above terms may result in the immediate removal from Drop-in Programs. Ongoing or extreme negative behaviour may result in long term or permanent removal from all Recreation Programs.

WAIVER

In consideration of the enrolment in the Drop-in Program(s), the undersigned, in his/her personal capacity, and on behalf of the participant named above, hereby releases and forever discharges the Township of West Lincoln, its agents, servants and employees from all damages, claims, actions or causes of actions, however caused, arising from the participation of the said participant in the above-noted program(s) at any location where the program may be conducted, except where the damage or injury to the said participant is caused by gross negligence of the said Township, its agents, servants, or employees. Permission is hereby granted to the Township of West Lincoln and its representatives to transport my child to a local Doctor or hospital for medical treatment if necessary.

The Township of West Lincoln reserves the right to use photographs of recreation programs and participants for promotional purposes.

Drop-in programs may be cancelled from time to time due to facility scheduling, special events, holidays and/or emergencies or special circumstances. Notice of changes will be given when available.

Personal information contained on this form is collected, maintained and used in accordance with the Municipal Freedom of Information and Protection of Privacy Act, and said information will be used only to facilitate registration for Township program, to produce statistical reports, and to provide inclusive programming. Questions about this collection should be directed to the Township Clerk at 905-957-3346.

Signature (Parent or Guardian): _____ **Date:** _____