

Program Registration Form

NROCRC receives funding to provide services to those who live within NROCRC's catchment area. Only those who live within NROCRC's catchment boundaries can register to participate in NROCRC programs. If you do not live within these boundaries NROCRC would be happy to refer you to your local Community Health and Resource Centre.

Not sure which catchment you live in? You can check here: <http://www.coalitionottawa.ca/en/find-your-chrc.aspx>

Program Name:

Please return the form to NROCRC at 1547 Merivale Road (Emerald Plaza) Unit 240
Phone: 613-596-5626

Please take the time to complete the form carefully. The information you provide is private and confidential and will only be used by program staff at Nepean Community Support Services operating as the Nepean, Rideau and Osgoode Community Resource Centre ("NROCRC") and South Nepean Community Health Centre (SNCHC), to ensure that proper care and attention is given to the health and safety of participants.

Please provide your e-mail address if you would like to receive our newsletter and/or program information electronically.

E-mail address: _____

Participant Information

Full Name of Participant: <i>First Name</i> _____ <i>Initial</i> _____ <i>Last Name</i> _____		
Home Telephone: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Birth date: <i>Day</i> _____ <i>Month</i> _____ <i>Year</i> _____
Address: <i># and Street</i> _____	<i>City</i> _____	<i>Postal Code</i> _____
Email: _____		

Parent/Guardian Information - Fill out only if participant is 17 or under

Parent/Guardian 1: Name: _____	Phone # _____	Cell # _____
Parent/Guardian 2: Name: _____	Phone # _____	Cell # _____
Please list who can pick up child (name)		
1. _____	Phone # _____	Cell # _____
2. _____	Phone # _____	Cell # _____
If there are any access or custody restrictions, please provide documentation to Program Coordinator		

All participants must provide 2 contacts

Emergency Contact: Please list 2 contacts		
1. Name/Relation: _____	Phone # _____	Cell # _____
2. Name/Relation: _____	Phone # _____	Cell # _____

Health Information

Are there any health concerns, which may impact participation in the program? If so, please specify: _____ _____
Are there any medical conditions, diagnosis or medications we should be aware of: Yes - No Allergies: Yes - No If yes, please provide details: example: allergy, type of medication: _____ _____

Permissions Granted:

While participating in the program may we have permission to take photographs or video which may be used in a promotional manner? Yes or No

Special permission children and youth only:

My child has permission to participate in organized activities that may require short walks to the activity site. Example: outdoor rink, swimming pool, baseball diamond.

My child may leave the program at any time without guardian/parental permission: Yes or No

My child has permission to walk home after the scheduled program is over: Yes or No

RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY.

BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING YOUR RIGHT TO PURSUE A CLAIM IN COURT. PLEASE READ CAREFULLY.

(Children under 18 must have a parental signature)

I agree and understand that I or the child, named on this form, a minor pursuant to the *Age of Majority and Accountability Act* (Ontario), has my permission to participate in the program/activity or series of programs/activities indicated on this form (the "Program").

My child and I are familiar with, and accept that there is always the risk of loss of personal property, serious injury or death resulting from participation in any organized activity for children, teenagers and adults, particularly including those involving outdoor activities offered as part of the Program, and with travel to and from the Program. I am the parent or legal guardian having full legal responsibility for decisions regarding myself and the undersigned child. I have satisfied myself and believe that my child and I are physically, emotionally and mentally able to participate in the Program. I understand, and will instruct my child, that all applicable rules for participation in the Program must be followed and that at all times the sole responsibility for our personal safety remains with myself, and I will immediately remove myself and my Child from participation in the Program, and notify the nearest representative of NROCRC if at any time I sense or observe any unusual hazard or unsafe condition or if I feel that myself or my child have experienced any deterioration in our physical, emotional or mental fitness for continued participation in the Program.

MY CHILD AND I UNDERSTAND AND AGREE, ON BEHALF OF OURSELVES AND OUR HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES AND NEXT OF KIN, AND THE ASSIGNS OR PERSONAL REPRESENTATIVES OF OUR NEXT OF KIN THAT OUR EXECUTION OF THIS DOCUMENT CONSTITUTES:

- 1. AN UNQUALIFIED ASSUMPTION OF ALL RISKS** associated with participation in the Program and like activities, even if arising from negligence, including any negligence of NROCRC, its directors, officers, employees, agents, and representatives, the Program venue and any and all persons associated therewith or participating therein or in transportation to and from the Program or like activities; and
- 2. A FULL AND FINAL RELEASE AND WAIVER OF LIABILITY AND ALL CLAIMS** that I or my child have, or may in the future have, against NROCRC and its respective directors, officers, employees, guides, contractors, agents and representatives, advertisers, other participants of all types, sponsors, and their respective directors, officers, employees, guides, contractors, agents and representatives (all of whom are collectively referred to as the "NROCRC Releasees") from any and all liability for any loss, damage, injury or expense that my child and I may suffer, or that our next of kin may suffer as a result of our participation in any part of, or presence at, the Program or any like activities involved in the activities of the NROCRC Releasees, or in travel to or from the Program or like activities, due to any cause whatsoever, INCLUDING NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE, INCLUDING ANY DUTY OF CARE OWED UNDER THE RELEVANT OCCUPIERS LIABILITY ACT ON THE PART OF THE NROCRC RELEASEES;
- 3. AN AGREEMENT NOT TO SUE THE NROCRC RELEASEES** for any loss, injury, costs or damages of any form or type, howsoever caused or arising, and whether directly or indirectly from the participation of my/our and my family members in the activities of the NROCRC Releasees;
- 4. AN AGREEMENT TO INDEMNIFY, and to SAVE and HOLD HARMLESS the NROCRC RELEASEES,** and each of them, from any litigation expense, legal fees, liability, damage, award or cost, of any form or type whatsoever, that they may incur due to any claim made against them or any one of them whether the claim is based on the negligence of the NROCRC Releasees or otherwise from the activities referred to herein;
- 5. AN AGREEMENT** that this document be governed by the laws, and in the courts of the Province of Ontario and the federal laws of Canada applicable therein;

MY CHILD AND I HAVE READ AND UNDERSTAND THIS AGREEMENT, AND WE ARE AWARE THAT BY SIGNING THIS AGREEMENT MY CHILD AND I ARE WAIVING CERTAIN SUBSTANTIAL LEGAL RIGHTS WHICH MY CHILD AND I, AND OUR HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST THE NROCRC RELEASEES EITHER INDIVIDUALLY OR COLLECTIVELY. MY CHILD AND I SIGN THIS DOCUMENT FOR OURSELVES VOLUNTARILY AND WITHOUT INDUCEMENT this _____ day of _____, 20 _____, at the City of Ottawa, Ontario.

Printed name of child #1

Age

Printed name of child #2

Age

Signature of Parent/Guardian #1

Signature of Parent/Guardian #2