

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 CONSIDERATIONS

Please provide information for participants who have medical, cognitive, or physical considerations that may affect their participation.

TERMS AND CONDITIONS

- 1 All participants must submit a signed Drop-In Waiver in order to participate in Drop-In Programs.
- 2 All participants must behave in a respectful manner. Harrassment, dangerous behaviour and violence will not be tolerated.
- 3 All participants must sign in with staff prior to entering the Drop-In Program space.
- 4 Family Drop-In Programs require Parent/Guardian to supervise their children and remain in the program space at all times.
- 5 Staff are responsible for facilitating Drop-in Programs. Staff may limit participants from exiting and re-entering Drop-In Programs.
- 6 Staff do not monitor participants once they exit the program space.
- 7 Persons with known medical conditions should advise staff upon arrival and should report information on this Drop-In Waiver.
- 8 Staff are not responsible for any lost or stolen items.
- 9 Participants must be inclusive of all levels and abilities. Staff may facilitate appropriate usage of space and equipment for inclusive play.
- 10 All participants must use program space as intended by the Drop-in Program Schedule. Alternate activities will not be permitted.
- 12 Drop-in programs will be run within the allotted times. Participants must be ready to leave when the program is scheduled to end.
- 13 Failure to comply with these terms may result in participant removal and ongoing concerns may result in long term or permanent removal.

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.
 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.

Participant Name: _____ **Date:** _____

Signature of Participant or Partent / Guardian: _____