

TYKES AND JUNIORS FLOOR HOCKEY
Registration Form
Contact 727-0470 to register

Starts Saturday, January 21, 2012

SATURDAY MORNINGS FOR 10 WEEK SESSION

9:30am to 10:30am Tykes – JK, SK- Grade 1 - _____
(must be currently enrolled and attending JK)
10:30am to 11:30am Junior – Grade 2, 3, 4 - _____

Cost: \$50.00 – 10 week program – includes t-shirt –
Child's t-shirt size = _____

Child's Name: _____ Birthdate _____ Age: _____

Full mail Address _____

Home Phone: _____ Alternate Emergency Phone Number: _____ /cell: _____

Email address: _____

Parent's/Guardian's name: _____

DOES YOUR CHILD HAVE ANY ALLERGIES (FOOD RELATED OR ENVIRONMENTAL AND/OR MEDICAL CONCERNS/NEEDS/MEDICATION: yes _____ none _____

(Impairment/Disabilities): yes: _____ none: _____

Ontario Health Insurance card # _____ (for injuries/sickness requiring emergency response, 911 will be called immediately and parent notified immediately)
For non-emergency injuries/sickness, parents will be notified by phone by Supervisor in charge.

PEANUT ALERT!!- No peanut products please-we are asking that no peanut products be brought to the program in snacks.

Children participating in this program must be supervised by a parent/guardian during their scheduled activity.

MANDATORY – FULL FACE AND HEAD GEAR (Hockey helmet)
FOR ALL PARTICIPANTS

It is also understood that reasonable safety precautions will be taken during the activity by the facilitators voluntarily assisting in the activity.

I am also aware that there are always risks associated with any physical activities resulting from my child participating in the program. Having knowledge of these risks and in being allowed to participate in the program, I hereby assume all risk of injury, damage and liability arising from such activities or use of any equipment and hereby release the Town of Lakeshore, its officials, employees and agents and waive any right of recovery I might have to bring a claim or lawsuit against them for any personal injury, death or other consequence occurring to my child/children as a result of their voluntary participation in the activities registered for. _____ Please make cheques payable to the Town of Lakeshore or call in with a credit card number.

Date: _____

Signature of Parent/Guardian
