

Province of Ontario/LSB Summer Program – Registration Form

Child's Name	Date of Birth	M	F
		Gender	
Name of parent or guardian	Name of parent or guardian		
()	()	()	()
Home Telephone	Work Telephone	Home Telephone	Work Telephone
Address	Address		
Postal Code	Postal Code		

Emergency Contact

First person to contact	Second person to contact
()	()
Home Telephone	Home Telephone
Work Telephone	Work Telephone
Address (if different from above)	Address (if different from above)
Relationship to Child	Relationship to Child

Medical Information

Name of Family Doctor	Telephone
Medications currently taken by child	
Allergies/Medical Issues or Concerns	

In the case of an accident or illness, I authorize the Summer Program staff to obtain medical treatment for my child if I cannot be contacted immediately, and I consent to the administration of any and all medical procedures deemed necessary by the attending authorities. I understand that the LSB, the Summer Program staff, and volunteers assume no financial obligations or liability for the immediate medical treatment that they obtain for my child.

Signature of parent(s) or legal guardian	Date
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If my child is diagnosed with a concussion during any LSB program or during any other activity, including those outside the LSB, or if my child has a prior head injury, I will inform the LSB Recreation Committee of such diagnosis prior to the start of the Summer Program or before my child returns to play.

Signature of parent(s) or legal guardian	Date
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PHOTOS AND CONSENT

The LSB Recreation Committee may occasionally take photographs of activities for promotion. I consent to such photographs and acknowledge that if I have any concerns regarding this, it is my responsibility to contact the Children's Summer Program Coordinator.

Signature of parent or legal guardian

Date

PROGRAM READY

I agree that if I am contacted to retrieve or withdraw my child(ren) for reasons of conduct or illness, I will do so promptly, without dispute or right to refund or reimbursement. I understand that issues or disputes must be directed to the LSB Recreation Chairman. Further, I have read and agree to follow the LSB policy on harassment and bullying.

Signature of parent or legal guardian

Date

FALSE INFORMATION

I agree that any false information provided on this registration form will automatically annul the registration, without recourse or penalty against, or refund, or reimbursement by the LSB.

Signature of parent or legal guardian

Date

PERFORMANCE MEASUREMENT

One of the key requirements to secure provincial funding for this program is the requirement to have Performance Measurement. This means that the program must measure the participants' abilities at the start and end of the program, and also conduct a survey after the program is completed. To assist in that process, please answer the following questions regarding your child(ren)'s abilities in sports/fitness:

My child currently participates in the following sports/fitness activities (please identify the type and duration – for example, softball, 2 hrs per week):

My child is currently a member of the following organized sport(s) (for example, Gr 8 volleyball team):

Thank you for your assistance to help us meet the performance measurement requirements.

PLEASE BRING THE COMPLETED REGISTRATION FORM AND PAYMENT TO THE LSB SECRETARY, OR DROP OFF WITH SANDIE GENDRON AT CAISSE POPULAIRE