

Fall Saturday Program

Fall Saturday Program 2018 PARTICIPANT INFORMATION FORM

60 St. Clair Avenue East, Suite 400, Toronto, ON, M4T 1N5



Participants' Information (Please use back of form if there is not enough space)

Child's First and Last Name:

Age: Deaf/Hard of Hearing/Hearing:

Behavioural Information and Supervision Requirements:

Allergy Information: (Please note if your child is anaphylactic we require that you leave an Epi Pen on site)

Child's First and Last Name:

Age: Deaf/Hard of Hearing/Hearing:

Behavioural Information and Supervision Requirements:

Allergy Information: (Please note if you child is anaphylactic we require that you leave an Epi Pen on site)

Child's First and Last Name:

Age: Deaf/Hard of Hearing/Hearing:

Behavioural Information and Supervision Requirements:

Allergy Information: (Please note if you child is anaphylactic we require that you leave an Epi Pen on site)

Family Information: In case of Emergency

Parent / Guardian Name:

Phone/Text Number:
Email:

Emergency Contact Name and Contact Information:

Agreement

I agree that my child(ren) will participate in all activities on and off site during the time of the event. I agree that Silent Voice reserves the right to terminate the registration of any child. I agree to release and indemnify Silent Voice from any and all claims for damages arising as a result of any accident or injury sustained by the participant(s) arising from participation in any activities. I agree that the program officials may use their reasonable discretion on behalf of my child(ren), including rendering first aid treatment and/or arranging for emergency medical care, at the expense of the undersigned. I agree that my child(ren) is authorized to eat/drink all meats, snacks and/or drinks provided by the program, unless otherwise indicated on this form. I understand that Silent Voice is not responsible for any lost, stolen, or damaged items.

Parent/Guardian Signature:

Date:

Photo Release

I am aware that picture(s)/videos will be taken of my child(ren), which may be used for promotional or educational purposes for Silent Voice Canada on multiple media outlets. I recognize that my signature below approves pictures to be taken of my child.

Parent/Guardian Signature:

Date: