

# Saturday Program

## Saturday Program 2019 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 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)

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: