

Saturday Program

Saturday Program Fall 2019—Winter 2020 PARTICIPANT INFORMATION FORM



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

Child(ren)'s Information

Child #1 Name (first and last):

Health Card Number:

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 #2 Name (first and last):

Health Card Number:

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 #3 Name (first and last):

Health Card Number:

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):

Parent/Guardian Information:

Parent/Guardian Name:

Phone Number:

Email:

Deaf Hard of Hearing Hearing

Emergency Contact (different person from listed above):

Name:

Phone Number & Email:

Relationship:

FALL AND WINTER DATES—please **circle** all dates your child(ren) will attend



FALL DATES

September 21

October 5

October 19

November 2

November 16

November 30



WINTER DATES

January 11

January 25

February 8

February 22

March 7

March 28

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: