

Municipality of Bluewater Summer Playground
Program Registration
July 10, 2017 – August 18, 2017

Child's Name: _____ Age: ___ Gender: M__ F__ D.O.B.: _____

Health Card Number _____

Allergies/Medical Conditions/ Special Needs/ Behavioural Issues:

Medication: Yes ___ No___ Specify: _____

Other Important Information (ie: sunscreen precautions or extra assistance in school):

Child will be arriving/leaving with _____ On own ___

* To ensure safety please advise leaders of alterations to these arrangements.

Parent/Guardian Name: _____

Address: _____

Home Number: _____ Work Number: _____

Emergency Contact: _____ Number: _____

Permission is hereby granted to the Municipality of Bluewater, its staff, board and volunteers to transport the above child to a local doctor or hospital for medical treatment if necessary.

Signature of Parent/Guardian: _____ Date: _____

Signature on the registration form signifies that each person has read, understands and abides by this information. I release and discharge Municipality of Bluewater and workers, employees and volunteers from all actions, suits and demands whatsoever in law inequity, including but not limited to, the risk or loss of personal property by theft or otherwise.

Playground Site: _____

Municipality of Bluewater Summer Playground
Agreement Form
July 10-August 18, 2017

I _____ agree that,

___ My child(ren) may be photographed in various playground activities for the purpose of program souvenirs and/or publicity.

___ The Municipality of Bluewater Playground Leaders assist in the re-applying of sunscreen/insect repellent to my child(ren) as required. (Children are required to supply their own sunscreen/insect repellent).

___ My child(ren) have permission to participate in various excursions, within the local village. (ie. Planned walks/activities at a nearby location).

___ My child(ren) have permission to participate in supervised activities known to have risks

___ I will pick my child(ren) up during the 4-5pm pick up period.

___ The Municipality of Bluewater, the servants and agents of the same are not held responsible for any legal liability for losses, damages, claims, injury, demands, suits, costs which may arise.

Signature _____ Date _____

Child Pick Up Form

I _____ authorize:

Person's Name: _____ Relation to child: _____

Person's Name: _____ Relation to child: _____

Person's Name: _____ Relation to child: _____

Person's Name: _____ Relation to child: _____

to pick my child (child's name) _____ up from
Playground. If there are any changes in who is picking up my child I will
send a note with my child every time with the name and their relation to my
child.

OR

I _____ give permission for my child _____
_____ to leave Playground on their own.

If there is any change in who is picking up my child or how they are leaving
Playground I will send a note with them on that day.

Parent Signature

Date

Please Note: That Playground Staff will not let a child leave with someone
other than those listed above or with a note from their parent.