

# Kinbridge Community Association

## Program Registration Form

**Christopher Champlain Resource Centre**

8-125 Champlain Blvd.  
Cambridge, ON N1R 2X6

PH: 519-740-8565      FAX: 519-621-6920

**McIntosh Loft**

200 Christopher Drive, 2nd Floor  
Cambridge, ON N1R 4X4

PH: 519-624-3855      Fax: 519-624-3497

**Southwood Resource Centre**

1-241 Southwood Drive  
Cambridge, ON N1S 3S8

PH: 519-621-2930      Fax: 519-621-2088

Participants Name:		Gender:		Birth Date:(mm/dd/yy)	
Parents Name (s):					
Home Phone:		Work Phone:		Cell Phone:	

Address:		Postal Code:	
Health Card Number:			
Allergies:			
Medication(s) Taken:			
Special Medical Conditions:			
Special Needs (behavioural and/or physical):			

**EMERGENCY CONTACTS (other than parent/guardian)**

Name:		Relationship to Participant:		Phone:	
Name:		Relationship to Participant:		Phone:	

SESSION	PROGRAM	FEE	RECEIPT #

*Please Note:* for some programs participants may register if they turn the appropriate age during the program session. This policy is subject to the discretion of staff and parents/guardians.

**Check box if you or your child requires support or accomodation due to a disability (Summer Only)**

**Deadline for Registration is:** \_\_\_\_\_

<b>AUTHORIZATION AND RELEASE</b>
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As a participant or parent/guardian of the above named participant, I hereby release from all liability the Kinbridge Community Association, any volunteers working on behalf of the said organization, and their employees and representatives, for any injuries, illness or other mishaps that may ne incurred by the above named participant in the program registered, except where the damage or injury is caused by the negligenceof the Corporation of the City of Cambridge or its officers, employees, agents, and volunteers acting within the scope of their duties. In the event the participant should be injured or become ill, I authorize that my child be transported to a hospital and I authorize any medical treatment that may be required and will assume full financial responsibility for said treatment.

<b>PERSONAL INFORMATION</b>
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Personal information contained on this form is collected pursuant to the Municipal Act and will be used for the purpose of the Kinbridge Community Association. Questions about the collection of personal information should be directed to the City's Freedom of Information and Privacy Co-ordinator in the Public Access and Council Services Department at 519-740-4680 ext. 4079.

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### Authorization for the use of photographs and/or video for the purpose of Public Relations and Public Internet Sites.

**Please mark appropriate boxes**

I,  authorize that myself and/or my child(ren) may be photographed while participating in Kinbridge Community Association programs and Special Events and that the photos/videos may be used to promote Kinbridge Community Association programs and be used for public relation purposes for funders and partners. (Example: brochures, newsletters, flyers, photo displays, Kinbridge Community Association websites, grant evaluations for funders, etc.).

**NO PHOTOS / VIDEOS.**

**Pick up Information**

My child(ren) has permission to return home alone after KCA programs:  Yes  No

If NO, the following people are authorized to pick up my child(ren) from KCA programs:

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**Permission for local trips**

I hereby give my child permission to travel to activities and events with the Kinbridge Community Association staff and volunteers. Prior notice/schedules of activities will be given.

Yes  No

**Signature:** **Date:** 

Please Note: Upon signing you agree to the information on both sides of this form. (Parent, Guardian or participant 18 years of age may sign).

**Staff Signature :** **Date:** **For office use only - last updated on:**