

REGISTRATION FORM

Please fill out the forms to provide us with accurate information about your child and sign the bottom of each page.

Location: 729 St. Clair Ave. W. 95 Lavinia Ave. 65 Glen Manor Dr. 310 Danforth Ave.

Student's Name: _____

DOB: _____yy_____mm_____dd Age: _____ Gender: Male Female

Parent/Guardian's Name: _____

Address: _____ City: _____ Postal Code: _____

Phone Number: _____ Email: _____

Emergency contact (if different from the parent) _____

Phone Number _____

How did you hear about us: _____

MEDICAL FORM

Child's OHIP number _____

Family doctor _____ Phone number _____

Does your child have any allergies? Yes No

If so, please provide details, including typical reaction if exposed to the allergen:

Does your child have any of the following medical conditions? Please circle and provide further information.

Diabetes Ear Infections Asthma Epilepsy ADD/ADHD Behaviour Disorders Aspergers

Additional details:

Please give details of any other health conditions, including a history of illnesses or accidents, current disabilities, or any behavioural condition, that may affect your child during fencing lessons:

The health history provided in this form is correct, to my knowledge. The person herein described has permission to engage in all activities, except as noted by me.

Parent/Guardian Signature _____ Date _____

WAIVER

I/We (the undersigned) do hereby grant permission for my child,

to Fencing Program at My Fencing Club. In consideration of my/our child/ren's participation in My Fencing Club sports and camp activities:

- I/we grant permission to My Fencing Club or its representative to act on my/our behalf in case of a medical emergency, and to transport my/ our child/ren to a local doctor or hospital for medical treatment if necessary.

- I/we consent to the use by My Fencing Club of images of my/our child/ren in photographs and videos showing their participation in camp activities at My Fencing Club. I/we agree that My Fencing Club may use such photographs or videos, without payment by My Fencing Club, for promotional or instructional purposes or for publication by the news media.

- My Fencing Club is committed to respecting the personal privacy of individuals. All personal information contained on this form is collected and protected under the Federal Personal Information Protection and Electronic Documents Act (PIPEDA). Information is not disclosed to anyone except My Fencing Club personnel who need the information to carry out the responsibilities of their job. As a result, I/we consent to the collection, use and retention of this personal information by My Fencing Club in order to process this registration form, collect fees, record any medical information (if required) and inform parents of future camp activities. Questions about this collection can be directed to the head coach, Katya Belkina at 647.720.0202

- I/we read the Behaviour and Discipline Policy and understand that My Fencing Club has the right to remove students from the class if they do not conduct themselves in a respectful and behaved manner. It will be at My Fencing Club's discretion, based on the severity of the behavioural incident.

-I/we agree to release, discharge, indemnify and save harmless My Fencing Club, its proprietors, participants and employees, from and against all claims or proceedings arising as a result of any accident, injury, or otherwise sustained by my/our child/ren arising from participation in any camp activities, except in the case of gross negligence.

Parent/Guardian Signature: _____ Date: _____