After School Registration 2014/15

Personal Information (Please Print):

Name of Participant: _____

Age: _____ Sex (M/F): ____ Date of Birth: (M/D/Y) _____ Grade: (Jan. 1, 2014) _____

Mailing Address: _____

Mother: _____ Email: _____

Tel: (H) _____ (W) _____ (C) _____

Father: _____ Email: _____

Tel: (H) _____ (W) _____ (C) _____

Medical Information:

Staff/Coaches Will Not Administer Medication

MCP #:_____

Family Physician: _____ Physician Tel: _____

Are there any medical, allergies, physical/emotional/behavioral concerns that our staff/coaches should be aware of?

Pleaseexplain:_____

_____

In addition to above, in case of Emergency contact: _____

Tel: (H) _____ (W) _____(C) _____

Program Participant Release:

Is your child allowed to leave and walk home alone after their program session has finished?

_____Yes_____No If yes, do they have to call home first? Yes_____ No_____

Please list the people (and their relationship to child) who may be picking up your child: _____

_____

_____

In the event that photos are taken in our program, with your child on them, do we have permission to display these pictures within the community? Yes_____No _____

BBBAA On the Move Program:

Different activities to be offered in 12 week sessions throughout the year – First session starting in Oct

Please indicate the ON the Move Programs that your child would be interested in participating in:

Ball Hockey/Handball ___ Cheerleading____ Young Rembrandts____ Arts n Crafts Program___

Outdoor Adventures ____ Girls Goddess____ Basketball _____ Science ____

Volleyball/Badminton ____ Suggestions: _____

Parent/Guardian Consent Form:

I _____, have read and I agree to the attached Program Terms & Conditions and thus hereby give permission for my son/daughter, _____, to attend the BBBAA after School Program and participate in its various activities. I will not hold BBBAA or their staff/coaches responsible for any injuries to my child. **Signature: _____Date:**

_____

Payment Method

____ Visa/MasterCard_____ _____

card number **expiry date**

____ Cheque (cheques made payable to BBBAA and postdated for the 1st & 15th of each month)

Cost: $15/day A $35 administration fee will be charged for NSF cheques