

Receipt #: _____ Date Paid: _____ Payment Method: _____

**Municipality of the County of Cumberland
Community Development
Dr. Carson & Marion Murray Community Centre
Program Registration Form**

MAILING ADDRESS

P.O. Box 150
Springhill, NS
B0M 1X0
Fax: (902) 763-3012

PROGRAM: _____

PARTICIPANT NAME: _____

PARTICIPANT AGE: _____

HOME ADDRESS: _____

CONTACT INFORMATION

Rachael Little
(902) 763-3025
rlittle@cumberlandcounty.ns.ca

Michelle Herrett
(902) 763-3000
mherrett@cumberlandcounty.ns.ca

CONTACT INFORMATION

Home Phone # _____

Work Phone # _____

Other Phone # _____

Email: _____

Do you give permission for your child to walk
or bike home after the program? Yes / No

EMERGENCY MEDICAL INFORMATION

Emergency Contact: _____

Phone #: _____

Health Card #: _____

Known Allergies/Medical Conditions: _____

Medications Currently Taking: _____

T SHIRT SIZE

(When program shirts provided)

Child	2T	3T	4T	5T		
Youth	S	M	L			
Adult	S	M	L	XL	XXL	

PHOTO RELEASE

During the duration of program photographs/videos may be captured and the images/videos may be used for promotional material through the Municipality of the County of Cumberland media streams.

I hereby give permission for the Municipality of the County of Cumberland to use my child's photo/video in all media streams for promotional material.

Parent/Guardian/Caregiver : _____

Date: _____

PICK UP AUTHORIZATION

(For safe departure of children under the age of 12 from programs)

Please list below the names of adults who you give permission to pick up your child after a program or in the event of an emergency)

Name: _____ Relation to child: _____ Phone Number: _____

Name: _____ Relation to child: _____ Phone Number: _____

Name: _____ Relation to child: _____ Phone Number: _____

Name: _____ Relation to child: _____ Phone Number: _____

Please list anyone you do NOT give permission to pick your child up. If you do not want the other parent picking your child up please provide a legal document preventing them from doing so.

Name: _____ Name: _____

Please note that under no circumstances, will children be released to unauthorized individuals until verbal or written consent is obtained directly from the parent. Individuals may be asked to show photo identification upon pick up at the request of program leaders and staff.

Volunteer Information

If any adult over the age of 18 would like to volunteer during our programs (example— away trips) you must present a current Criminal Background Check along with a Child Abuse Registry which will be kept on file in a secured location at the Dr. Carson & Marion Murray Community Centre.

(If your child is 5 and you are required to attend a trip and cannot produce a CBC or CAR you must send another adult on the trip who can produce CBC or CAR in your place)

Do you have a current CBC & CAR? Yes / No

Date received from program staff : _____

Adult Signature: _____

Staff Signature: _____

GUARDIANS' RELEASE FORM

(If participant under the age of 18)

To: **The Municipality of the County of Cumberland (the Municipality)**

Regarding: _____ (the "Activity")

In consideration of my child, _____, being permitted to participate in the

Print Name

Activity, I, _____, hereby:

Print Name

Release and forever discharge the Municipality and its employees, officers and volunteers (collectively the "Municipality") from all claims of any type in respect of death, injury, loss or damage to my child or their property arising from their participation in the Activity, even if contributed to or caused by the negligence of the Municipality.

Acknowledge that the Municipality does not carry health, medical or disability insurance coverage for participants in the Activity, including myself, and therefore it is my responsibility to obtain any appropriate or required insurance coverage.

I HEREBY ACKNOWLEDGE READING, UNDERSTANDING AND AGREEING WITH THE FOREGOING.

Signature of Guardian

Date: DD MM YY

Telephone Number of Guardian

Address of Guardian