



Registration Form for Neighbourhood Groups sponsored by the City of Guelph



Participants Name: \_\_\_\_\_

Date of Birth: \_\_\_\_M \_\_\_\_D \_\_\_\_Y

Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone # Home: \_\_\_\_\_ Business: \_\_\_\_\_ Cell: \_\_\_\_\_

Email address: \_\_\_\_\_

Registering For: \_\_\_\_\_

Alternate/Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Are there any custody arrangements we should be aware of? \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Medical information (allergies, asthma, etc.): \_\_\_\_\_

I agree to indemnify(insure against loss) the Clairfields Neighbourhood Group the City of Guelph and their agents, employees, members, directors and officers for any kind of liability, howsoever incurred or caused during the stay of the members listed above on or off site. I further agree and understand Clairfields Neighbourhood Group the City of Guelph, and their agents, employees, members, directors and officers shall not be responsible or liable for: any loss or damage of any kind to the property whatsoever, however caused; and any injury to any person however caused.

There may be times when activities are photographed. Do you give your consent for the participant's picture to be taken and posted for publicity reasons? Yes \_\_\_\_ No \_\_\_\_

My child has permission to walk home alone. Yes \_\_\_\_ No \_\_\_\_ \*younger children may require an escort home

I understand that the program supervisor reserves the right to dismiss a participant who, in their opinion, is a hazard to the safety or rights of others, or who appears to have rejected the reasonable expectations of the program.

To the best of my knowledge, the participant is in good health. If there is any exposure to any infectious disease and/or change in the participant's condition prior to attending program, the program leader will be notified immediately.

By registering for program, your family becomes a member of the Clairfields Neighbourhood Group and will be contacted about any information relevant to your membership (i.e. upcoming events, fundraising opportunities). We will not share your information with any third party. \_\_\_\_ I do not wish to be contacted

\_\_\_\_\_  
Signature of Parent/Guardian/Adult Participant

\_\_\_\_\_  
Date

Please Note:

- We never want the cost of a program to stop a family from participating, please let us know if cost is an issue. We can confidentially provide full & partial subsidies and payment plans. Call the centre for information.
- Refunds will only be offered if the Clairfields Neighbourhood Group cancels a program
- Participants must have attained the age required for the program before or on the first day

If you would like further information, please contact Clairfields Neighbourhood Group (519)837-5618 ext 235 or email Clairfields@gmail.com