|  |
| --- |
| **Participant Information**  |
| Name:  | Date of Birth:  |
| Address: |
| Please List Any Allergies:  |
| Please List Any Dietary Restrictions: |
| Consent to Photograph and Post: [ ] Yes [ ] No |
| Additional Information: |
| **Parent/Guardian Information #1** |
| Name: | Phone Number: |
| Address: | Email: |
| **Parent/Guardian Information #2** |
| Name: | Phone Number:  |
| Adress: | Email:  |
| **Emergency Contact:** |  |
| Name: | Phone Number:  |
| Relation to Youth: |

**Additional Details:**

* **Drop-off & Pick-Up:** Please come to our back door located in our rear parking lot. A staff member will be there to sign your child in and out. Drop-off begins at 4:00pm and pick-up is at 6:00pm.
* Outdoor activities will be held across the street at Wigle Park. Staff, volunteers, and activity facilitators will escort participants to and from the park

**Informed Consent and Acknowledgement of Risk**

I have reviewed the activity held by New Beginnings and Métis Nation of Ontario and have sufficiently informed myself about the nature of the program and the activities involved. I hereby give my approval for my child’s participation in all activities prepared by New Beginnings, Métis Nation of Ontario and and its affiliates. In exchange for the acceptance of said child’s candidacy, I assume all risk and hazards incidental to the conduct of the activities, and release, absolve and hold harmless New Beginnings and Métis Nation of Ontario and all its respective representatives, volunteers, and participants from all liability for injuries to said child arising out of traveling to, participating in, or returning from the activities.

In case of injury to said child, I hereby waive all claims against New Beginnings and Métis Nation of Ontario and including all staff, participants, coaches, volunteers and, if applicable, owners and lessors of premises used to conduct the event. There is a risk of being injured that is inherent in all sports activities.

I hereby give permission for emergency medical treatment to be administered to my child, as may be determined in the reasonable discretion of New Beginnings staff. It is understood that whenever reasonably possible, relatives will be contacted and informed of the problem.

I agree to allow my son/daughter to participate in all activities and in any supervised trips to places (i.e. Wigle Park) not on the New Beginnings property.

[ ] I hereby consent to my child’s participation in the activity held by New Beginnings and the terms and conditions set out above.

Click or tap here to enter text. Click or tap to enter a date.

Parent/Guardian Name

**Please submit your completed registration form to Hayley Wilson at** **hwilson@newbe.ca** **and you will receive a confirmation email.**