



South Dundas Recreation Red Cross Babysitting Registration

Name of Participant:

Gender: Boy Girl Non-binary I'd Rather Not Say

Age: **Date of Birth:**

Parent/Guardian:

Address:

Postal Code:

Email:

Phone (H):

Phone (C):

Emergency Contact:

Relationship to Participant:

Phone (H):

Phone (C):

Participant Medical Information (Please list and explain any health conditions or allergies which staff should be aware of):

Payment Information/Options:

Cheque

Interac

Cash

Red Cross Babysitting

The Canadian Red Cross Babysitting course covers everything from managing difficult behaviours to essential content on leadership and professional conduct as a babysitter. Babysitting promises to deepen and enhance the responsibility that older youth feel when caring for younger children. This updated curriculum, complete with new science, also provides improved learning when it comes to giving the appropriate care in the event of an emergency.

Location: Municipal Centre- 3rd floor programming room

Saturday June 18th 9:00 – 4:00 pm \$65

I Authorize the following person(s) to check my child(ren) out of the afterschool programs if I am late or unable to.

1. Full Name:

Phone #:

Relationship:

2. Full Name:

Phone #:

Relationship:

I understand my child will not be released from program unless pick up by Authorized person or Child Leaving Independently Form is completed.

Yes

No

Parents/Guardian Signature:



Municipality of South Dundas Parks and Recreation Services

Child Leaving Independently Form (10 years plus)

Participant Name:

Parent/Guardian:

Primary Phone:

Secondary Phone:

Program staff are responsible for the care and supervision of the participants in their program. Program Staff are expected to ensure that their participants are picked up by parent/guardians at the end of each day.

If you would like your child to be able to leave independently, please inform what day and time they are allowed to do so. Children will only be released at the end of program unless specified by parent/guardians to do so earlier.

Comments:

Parents/Guardian Signature:

Date:

WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in Municipal Programming and related events of the Municipality of South Dundas, the undersigned acknowledges, appreciates, and agrees that:

- 1) The risk of injury from or during an activity involved with a municipal program, class, or event is evident, including the potential risk for permanent injury or death, and while the rules, equipment, and personal discipline may reduce the risk, the risk of injury does exist; and
- 2) I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releasees or other, and assume full responsibility for my participation; and
- 3) I willingly agree with comply with the Municipalities terms and conditions for participation. If however I observe any unusual significant hazard or risk during my presence or participation, I will remove myself from participations and bring such to the attention of the nearest instructor or staff immediately; and
- 4) I here by release and hold harmless the Municipality of South Dundas, their officials, instructors, staff, employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releases"), with respect to injury, death, loss or damage to person or property, whether caused by negligence of the releasees or otherwise; and
- 5) I fully recognize and understand that although the risk of injury or death is not evident in all programs, classes, or events, by signing this waiver I here by release and hold harmless the Municipality of South Dundas in any such case while participating in a Municipal program, class, or event.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERTSAND ITS TERMS, UNDERTSAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING ITS, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

PARTICIPANTS SIGNATURE

Date Signed

WITNESS

For participants under 18

Date Signed

PARENT/ GUARDIAN SIGNATURE



MUNICIPALITY OF SOUTH DUNDAS

34 Ottawa Street, P.O. Box 740
Morrisburg ON K0C 1X0
613.543.2673 | southdundas.com

PARTICIPATION CONSENT FORM AND RELEASE OF LIABILITY

I hereby grant permission to the Municipality of South Dundas and its representatives to photograph, video record, and otherwise capture my image, and to make recordings of my voice digitally or otherwise.

I further grant to the Municipality of South Dundas and its representatives the right to reproduce, use, exhibit, display, broadcast and distribute these images and recordings in any media now known or later developed for promoting, publicizing or explaining the Municipality of South Dundas and its activities and for administrative, educational or research purposes. Photographs, video images and voice recordings are the property of the Municipality of South Dundas.

I knowingly and freely assume all risks, both known and unknown, even if arising from the negligence of the releasees or others and assume full responsibility for my participation.

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release and hold harmless the Municipality of South Dundas, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event, with respect to any and all injury, disability, death, or loss or damage to person or property, whether caused by the negligence of the releasees or otherwise.

I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

First and Last Name (Print)

Date Signed

Signature (if 18 years of age or older)

For Participants of Minority Age

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above.

First and Last Name of Parent/Guardian (if subject under the age of 18)

Date

Signature of Parent/Guardian

I hereby grant permission to the Municipality of South Dundas to use my name with these images and recordings.

Date

Signature
(Parent/Guardian if subject under the age of 18)

Notice of Collection: Personal information, as defined by the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA), including (but not limited to), name, address, opinions and comments, is collected under the authority of the Municipal Act, 2001, and in accordance with MFIPPA, the Planning Act, and all other relevant legislation.

Your personal information may be used in making future decisions on our programs and services. Questions regarding the collection, use, and disclosure of this personal information may be directed to the Director of Corporate Services/Clerk at 613-543-2673.