

**Child Information**

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First name Last name

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Date of Birth Age Gender Pronouns

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Street # Street Name City/Town Postal Code Suite/Apt #

Parent/Guardian 1

--	--

First name Last name

--	--	--

Primary telephone # Secondary telephone # Email address

Parent/Guardian 2

--	--

First name Last name

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Primary telephone # Secondary telephone # Email address

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Emergency contact (not parents/guardians) Telephone # Relation to child

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Allergies & Food restrictions

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Challenges, disabilities or health challenges

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Swimming ability & comfort level (can include swimming lessons level completed)

1.	2.	3.
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Friends, family or classmates you would like your child grouped with (this is a consideration and not guaranteed)

Does your child currently take any medication(s) on a regular basis?

Yes    No    (If yes, please complete separate medication form)

**Payment Method**

How do you plan to pay your summer fees? E-Transfer    Cheque    Cash    Credit Card

If fees will be paid by anyone other than the listed guardians above please provide their full names and contact information (email and/or phone number): \_\_\_\_\_

## Camp Sessions and Before & After Care

Please check the weeks of camp you would like to request and if you require before or after care.

(1) Jul. 2-5	before care	after care	(5) Jul 29- Aug 2	before care	after care
(2) Jul. 8-12	before care	after care	(6) Aug. 6-9	before care	after care
(3) Jul. 15-19	before care	after care	(7) Aug. 12-16	before care	after care
(4) Jul. 22-26	before care	after care	(8) Aug. 19-23	before care	after care

## Home Safely

We want your child to arrive home safely every day, please complete the following information. For your child's safety, we must be notified in writing of any changes.

**Please print names of everyone (including parents and siblings) who are allowed to pick up your child:**

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OR

**My child is allowed to go home on their own.** Yes    no    **leaving the program by** \_\_\_\_\_ pm

**Is there anyone who SHOULD NOT pick up my child?** Yes    no    **Please list the names & relation below:**

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### **IMPORTANT: Please read the following paragraphs and sign below:**

I give permission for the above-named child to participate fully in both on and off-site activities and trips, unless otherwise indicated in writing. I also give permission for emergency medical treatment to be carried out, should it be required, with the understanding that Applegrove staff will attempt to contact me at the telephone numbers listed above. Applegrove will not accept responsibility for such services/treatment. Having taken all reasonable precautions, Applegrove shall not be held responsible for any accident or sickness of this child.

**I ACCEPT**

### **Release of liability, waiver of claims, assumption of risks and agreement (please read carefully)**

I recognize that my participation in the program/activity for which I register may include a risk to my health or a risk of injury. I hereby willingly assume such health risk or risk of injury for myself or for the person(s) for whom I am in law responsible, and I assume full responsibility before, during and after my/their participation in the program/activity. In consideration of the acceptance of my application and the permission to participate in the program/activity, I, for myself, my heirs, executors, administrators, successors and assigns HEREBY RELEASE, WAIVE, AND FOREVER DISCHARGE the City of Toronto, all other organizations, associations and companies associated with any of the programs offered by the City of Toronto, and all their respective employees, agents, contractors, consultants, representatives, elected and appointed officials, successors and assigns (all of whom are called the "City Indemnitees") OF AND FROM ALL claims, demands, losses, damages, costs, actions and other proceedings whatsoever, whether in law, statute or equity, in respect of death, injury, loss or damage to me or my property, howsoever caused, except to the extent caused by or attributable to the negligent or intentional acts of the City Indemnitees, arising or to arise by reason of my participation in the program or any of its associated activities.

**I ACCEPT**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

The Board of Management of Applegrove Community Complex collects personal information on this form under the legal authority of the City of Toronto Act, 2006, S.O. 2006, Chapter 11, Schedule A, sections 136 and 143, former City of Toronto Municipal Code Chapter 25, Community and Recreation Centres, and the Relationship Framework between the Association of Community Centre Boards of Management and the City adopted at the City Council meeting on September 25, 26 and 27, 2006 (see Clause 17, Report No. 7 of the Policy and Finance Committee). The information is used to process your application for program participation, to provide a safe and healthy program environment and to contact an emergency contact person in the event of an emergency; the registration of individuals in programs and, payment or reimbursement of fees; collection of outstanding fee amounts; aggregate statistical reporting, contacting clients regarding upcoming programs, and additional mailings, including newsletters/surveys and email notifications and receipt transactions. Questions about this collection can be directed to Applegrove Executive Director, 60 Woodfield Road, Toronto, Ontario M4L 2W6 416-461-8143.

Program/event: \_\_\_\_\_

**Parent/guardian**

First Name		Last Name	
Street Number	Street Name		Suite/Unit Number
City/Town	Province	Postal Code	Telephone Number

**Children and other persons for whom permission is being given**

First Name	Last Name
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First Name	Last Name
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First Name	Last Name
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First Name	Last Name
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First Name	Last Name
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First Name	Last Name
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I give Applegrove Community Complex (Applegrove) permission to photograph, videotape, audiotape and/or interview either myself, or the person(s) on whose behalf I am giving permission named above ("the recordings"), and to publish the recordings in Applegrove publications/materials, including marketing and promotional materials, and the Applegrove official Web site, both now and in the future. The recordings shall constitute the exclusive property of Applegrove and may be reproduced by Applegrove and anyone it has authorized, without compensation or payment to the individual(s) being recorded or any other person.

If I am providing the permission on behalf of someone other than myself, I warrant that I have the authority to do so.

**I CONSENT**

**I DO NOT CONSENT**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

The personal information on this form is collected under the legal authority of the City of Toronto Act, 2006, SO 2006, Chapter 11, Schedule A, sections 8 and 136 (c). The information is used to obtain consent to reproduce and publish photograph/videotape/audiotape/film/interview in Applegrove CC publications/materials, including marketing and promotional materials, and the Applegrove CC official website. Questions about this collection may be directed to Susanne Burkhardt, Executive Director, Applegrove Community Complex, 60 Woodfield Rd., Toronto M4L 2W6, or phone 416- 461-8143.

*To be filled in by a parent or guardian*

**Child's name:** \_\_\_\_\_

**Name of medication:** \_\_\_\_\_

**Date of prescription:** \_\_\_\_\_

**Dosage:** \_\_\_\_\_

**Time(s) to administer:** \_\_\_\_\_

\_\_\_\_\_

**What to do in case of missed dosage:**

\_\_\_\_\_  
\_\_\_\_\_

**What to consider when giving medication: (i.e. take before or after meal, not to be given with dairy products)**

\_\_\_\_\_  
\_\_\_\_\_

**Possible side effects:**

\_\_\_\_\_  
\_\_\_\_\_

**Where should medication be stored: (i.e. in the fridge, in a cool dark place, must be kept room temperature)**

\_\_\_\_\_

**Doctor's name:** \_\_\_\_\_ **Doctor's Phone #:** \_\_\_\_\_

Will your child administer their medication on their own? YES NO

If so, will they need a reminder? YES NO

\_\_\_\_\_  
Parent/Guardian's Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

The personal information on this form is collected under the authority of the Community Recreation Centres Act R.S.O. 1990, c. C22, and By-law No. 1994-0792, known as Chapter 25 of the Municipal Code for the City of Toronto. It will be used by Applegrove staff to administer your child's medication and to obtain care in an emergency. Questions about this collection may be directed to Susanne Burkhardt, Executive Director, Applegrove Community Complex, 60 Woodfield Rd., Toronto M4L 2W6, or phone 416- 461-8143