



Program Registration Form – CHILDREN

Program: \_\_\_\_\_
Program Date & Time: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Current Grade : \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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

EMERGENCY Contact Name: \_\_\_\_\_ Ph#: \_\_\_\_\_

Relationship: \_\_\_\_\_

EMERGENCY Contact Name: \_\_\_\_\_ Ph #: \_\_\_\_\_

Relationship : \_\_\_\_\_

AUTHORIZED PICK-UP: \_\_\_\_\_

BC CARE CARD NUMBER: \_\_\_\_\_

Any Health or Concerns that would be helpful for instructor & Gecss leader to know about your child?

Three horizontal lines for writing health concerns.

I hereby consent for the participant above, when will or injured, to be taken to the nearest Emergency Center if I cannot be contact. Signature: \_\_\_\_\_

I give my permission for the use of photographs, films, or video of my child to be taken during the program to be used in brochures, displays, Facebook and our webpage with NO NAMES used. Signature: \_\_\_\_\_

CANCELLATION POLICY: A notice of cancellation must be received at least 3 days prior to program start date in order to qualify for refund or credit. GECSS reserves the right to cancel a program or issue a full refund if registration fulfillment is not met.

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

WAIVER: All course participants and their parents or guardians hereby acknowledge that this event/program and related activities involve the possibility of injury and accordingly agree that, as a condition of their participation in such programs, for themselves, their heirs, executors, administrators and representatives that the Greendale Elementary Community School Society and its directors shall be released from any and all claims, present or future, howsoever arising, resulting from any loss, damage, injury, expense or cost that the participant may suffer as a result of participation in the Greendale Elementary Community School Society's programs. The participant and their parents have read and understand this release and that substantial legal rights are being waived.

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

By signing below I acknowledge that the above information is correct and agree to the total amount of payment being charged.

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

