

Kids on the Move Information Form

Participant Information

Full Name:	
Age:	
Birthdate:	
Address:	
City:	
Postal Code:	

Guardian Information

Full Name:	
Phone Number:	
Email:	

Emergency Contact

Full Name:	
Contact Number:	
Relationship to Participant:	

One of the above contacts must be available to come pick up the children within 30 minutes, if necessary.

Participant Specifics

Does the participant have disability(ies) and/or accommodation(s), medical conditions, dietary restrictions or allergies you would like us to know about?	Yes: No: If yes, please explain:
---	--

If the camper has an anaphylactic allergy that requires an auto-injector, please fill out a Consent for Administration Of Medication By Auto-Injector form.

If the camper requires medication during the camp day, please fill out a Consent for Self-Administration And Dispensing of Medication form.

These forms can be downloaded from www.newmarket.ca/camps. Please bring your completed form(s) to the first day of camp. These forms only need to be filled out once for the entire summer!

Kids on the Move Information Form

Dismissal and Pick Up

Please authorize the individuals that your child can be released to at the end of the program day. This may include parent/ guardian or any other person(s) picking up your child. Participants will ONLY be released to those listed below. ID is required at each pick up, no exceptions.

Full Name:		Relationship to Participant:	
Full Name:		Relationship to Participant:	
Full Name:		Relationship to Participant:	
Full Name:		Relationship to Participant:	
Full Name:		Relationship to Participant:	

Dismissal and Pick Up

I give permission for my child to sign themselves out at the end of the program day. I hereby understand that by allowing my child to sign themselves into and out of Program that staff supervision will not be provided and the Town of Newmarket is NOT responsible for him/her beyond their registered hours.

Yes: No: Guardian Signature:

Participant Permissions

I give my permission for the child listed above to have their picture taken for promotional purposes.

Yes: No:

Important - Read Before Signing

I hereby give the participant permission to participate in the events conducted by the Newmarket Recreation and Culture Department while participating in all registered Kids on the Move programs.

I hereby release the Corporation of the Town of Newmarket from all claims for damage arising from participation of the named herein, during any program or in any facility or at any location where a program is held.

I hereby release and save harmless The Corporation of the Town of Newmarket and its employees and representatives from any and all claims and demands associated from my participation in Town of Newmarket programs, including negligence, breach of contract, mistakes or errors in judgment. This Release of Liability shall be binding upon my heirs, next of kin, executors, administrators, assigns and representatives.

Guardian Name:

Signature: (Must be 18 years or older)