

Therapeutic Recreation Program – Registration Form

Full Name: (Please print clearly)			Date of Birth (dd/mm/yy):			
Parent/Guardian Name:						
Diagnosis:						
Medical/Safety Concerns (i.e. allergies, seizures, behavioral concerns, etc.):						
Address:			City/Postal Code:			
			E-mail:			
Home Telephone:			Cell Phone:			
If you are not available, who can be contacted in an emergency during the program?						
Name:		Relationship:		Telephone:		
My child be using a wheelchair or any mobility aids: If yes, please specify:					<input type="checkbox"/> Yes	<input type="checkbox"/> No
If your child needs 1:1 or any additional assistance (i.e. for self care, behavioral issues, etc.), a parent or support worker MUST attend. My child will be attending with a worker:					<input type="checkbox"/> Yes	<input type="checkbox"/> No
Program Requested: (Please check <input checked="" type="checkbox"/>)						
	Program	Age	Cost	Dates	Time	Location
<input type="checkbox"/>	Seed to Feed Gardening	8-13	\$50	Tuesdays May 7- June 11	4:30-5:30	Riverwood Conservancy 4170 Riverwood Park Lane, Mississauga
<input type="checkbox"/>	Boccia Bratz Mississauga	4+	-	Tuesdays May 14- June 18	6:00-7:00	ErinoakKids 1230 Central Parkway West Miss.
<input type="checkbox"/>	Little Chefs	8-12	\$80	Mondays May 6- June 17	5:00 -6:30	ErinoakKids 1230 Central Parkway West Miss.
<input type="checkbox"/>	Songs & Stories Mississauga		\$100	Mondays April 29- June 24 no session May 20	10:00-11:00 am	ErinoakKids 1230 Central Parkway West Miss.
<input type="checkbox"/>	Songs & Stories Halton		\$100	Wednesdays May 8 – June 19	10:00-11:00 am	ErinoakKids 2000 Glenorchy Road Oakville
<input type="checkbox"/>	Creation Station Art Program	8-12	\$30	Wednesdays May 8- June 12	5:30-6:30	ErinoakKids 2000 Glenorchy Road Oakville
<input type="checkbox"/>	Family Yoga	4+	\$140	Thursdays May 2 – June 20 (no session June 13)	6:00-7:00	ErinoakKids 2000 Glenorchy Road Oakville
<input type="checkbox"/>	Boccia Bratz Halton	4+	-	Wednesdays April 17 –June 6	5:00-6:00	ErinoakKids 2000 Glenorchy Road Oakville

Payment method: Cheque #____ Cash SSAH (if funds managed by ErinoakKids)

Please note: Registrations will be accepted until 1 week before the start date of the program. If you would like to register after this date, please call ahead.

Please return the registration form, waiver and fee to:
Deanne Clipperton , ErinoakKids 2000 Glenorchy Road Oakville ON, L6M 0X4~ Fax: 905-827-0543

Therapy Programs Activity Waiver

I, _____ (parent/guardian name) legal guardian of:

Participant name: _____	Date of Birth: _____
Participant name: _____	Date of Birth: _____
Participant name: _____	Date of Birth: _____
Participant name: _____	Date of Birth: _____
Participant name: _____	Date of Birth: _____

Hereby agree to the following:

1. That the above named participant(s) are participating in a Therapeutic Recreation Program offered by ErinoakKids Centre for Treatment and Development. I recognize that all recreational activities have inherent risk and I am fully aware of the risks and hazards involved.
2. I understand that it is my responsibility to determine that the above named participant(s) are physically, cognitively and medically able to participate in these activities. I have shared relevant health information. On behalf of the above named participant(s), I represent and warrant that she/he is physically able and has no medical condition that would prevent full participation in the group.
3. In consideration of the above named participant(s) being permitted to participate in the group, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which might incur as a result of participating in the group.

I hereby agree to indemnify and hold harmless ErinoakKids and its respective directors, officers, employees, agents, professional staff, independent contractors and volunteers from all actions, causes of action, suits, claims, liability, damages and demands of any kind, whether direct, indirect, special, exemplary or consequential, including interest thereon ("Claims") which may arise as a result of any injury, including death, or property damage sustained by myself or others resulting from the participation in the above identified activity.

I have read the above release and waiver of liability and fully understand its contents. I am fully aware of the risks and hazards involved in this activity, and voluntarily agree to the terms and conditions stated above.

Participants/Guardian's
 Signature: _____ Date: _____

Witness'
 Signature: _____ Name (printed): _____