



460 Wentworth Street N. | Hamilton, ON | L8L 5W8

T: 905-526-1558 | F: 905-524-1558

evarothwell.ca

REGISTRATION

First Name		Last Name	
Birth Date	Age	Gender Identity	
Street Address		City	
Postal Code	() Phone #	Grade	
Parent/Guardian Email Address*		School	

*If you would not like to receive occasional updates (including closures) from the Eva Rothwell Centre, please leave blank.

Noted Medical Conditions/Allergies

PICKUP INFORMATION

Child Leaves Independently: ☐ Cannot Leave on Their Own: ☐

Please list approved pickup names if child cannot leave independently: _____

Emergency Contact	Emergency Phone Number	Relationship
1. _____	() _____	_____
2. _____	() _____	_____

WAIVER

I, _____ am the parent or guardian of _____
(Print Full Name) (Child/Dependent's Full Name)

and agree to let my child/ren and/or dependent participate in programs through the Eva Rothwell Centre, representatives and volunteers from all responsibility and liability for injuries or damages resulting from my child/ren and/or dependent under my guardianship participation in and activities of said event, including transportation to and from the program and the Eva Rothwell Centre. I also understand that the supervisors of the program have several participants to supervise and must have cooperation to keep all participants safe. I take responsibility for all my actions as well as any actions of child/ren and/or dependents that I am the legal guardian of, and understand that uncooperative and dangerous behaviour will not be tolerated at any time. This may include the exclusion of my child/ren and/or dependent's participation in future events and or possible transportation home from the event at my own expense. All participants act appropriately for a safe trip, and the representatives of the Eva Rothwell Centre are working to keep the event a safe and rewarding success. I agree to let my child/ren and/or dependents participate in said programs. I understand the risks associated with participation and hereby release from liability the Eva Rothwell Centre and all officials, employees, representatives, and volunteers thereof.

Signature of Parent/Guardian _____ Date _____

PHOTO PERMISSION

I grant the Eva Rothwell Centre permission to take and/or use photographs (including still pictures, digital pictures and video) of my child/ren and/or dependent during programs for promotional purposes including our social media pages, websites, organization brochures and other materials. I will have access to see all images of my dependent(s) upon request. I understand that I may withdraw my permission at any given time with written notice.

Signature of Parent/Guardian _____ Date _____

FOR OFFICE USE ONLY:	Please Initial: _____	Date: _____
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