



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

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

evarothwell.ca

REGISTRATION

Participants First Name _____

Participants Last Name _____

Birth Date _____ Age _____

Gender Identity _____

Street Address _____

City _____

School _____ Grade _____

Parent/Guardian Email Address (optional) _____

Noted Medical Conditions/Allergies: _____

Any other information we should know to best support your child? (Behavioural concerns, special accommodations, sensitivities, etc.): _____

PICKUP INFORMATION

☐ Child Leaves Independently ☐ Cannot Leave on Their Own (Please list those approved to pick up your child): _____

Main Contact Name	Main Contact Phone Number	Relationship
_____	(_____) _____	_____

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

WAIVER

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

I agree to let my child/dependent under my guardianship ("my child/dependant") participate in programs through the Eva Rothwell Centre ("ERC") and their representatives and volunteers. I take responsibility and liability for injuries and/or damages resulting from my child/dependent's participation in any activities, including transportation to and from the program and the ERC. 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 my child/dependent. I understand that uncooperative and dangerous behaviour will not be tolerated at any time. I understand my child/dependent may be excluded from participation in current activities or future activities or events, if necessary, and the child/dependent may be transported home at my own expense. All participants must act appropriately and safely for any trips, and the representatives of the ERC will work to keep the programs and events safe and rewarding. I agree to let my child/dependent participate in said programs. I understand the risks associated with participation and hereby release from liability and fully indemnify the ERC 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/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 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: _____