

Participant Code of Conduct

As a participant I pledge that:

- I will care for myself, for others around me, and our environment.
- I will accept others and allow each participant equal opportunity.
- I will be responsible for my own actions, attitudes, and behaviours.
- I will participate in activities in a positive manner and be responsible for program equipment.
- I will respect all other peers and HRC programming staff.
- I will wear athletic clothing and shoes with non-marking soles.

Please ensure that you have reviewed this pledge with your child. Failure to follow these guidelines may result in removal from programming.

Photos for Promotional Use

Pictures may be taken throughout programming and may be used for promotional purposes. Do you give your child permission to have their photo taken?

Yes

No

Authorization

Upon registering my child for programming at HRC, I permit my child to participate in a full range of activities including off-site activities. I have read and agree to the Participant Code of Conduct.

Print Name: _____

Signature: _____

Date: _____

For Office Use Only

Member / Non-member Waiver Signed:

Photos:

Medication Form:

Programs:



Children's Programming Registration Form

Participant Information

Gender: Male Female

Date of Birth: _____

Last Name: _____

First Name: _____

Address: _____

City: _____

Postal Code: _____

Parent/Guardian

(Authorized pick-up and primary emergency contact)

Last Name: _____

First Name: _____

Relationship to Participant: _____

Work Phone: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Parent/Guardian

(Authorized pick-up and second emergency contact)

Last Name: _____

First Name: _____

Relationship to Participant: _____

Work Phone: _____

Home Phone: _____

Cell Phone: _____

Participant Health History

Family Doctor: _____

Doctor Phone: _____

Health Card # _____

Allergies (please describe reaction and treatment)

Does participant carry an epi-pen Yes No

Medical Conditions Yes No

Taking Medication Yes No

Does medication need to be administered during program?

Yes No

If yes, please fill out a medication administration form.

Important Information

Does your child have special needs? Yes No

If yes, please email Amie at amie@headwatersrc.com before proceeding with enrollment.

Please provide us with any information regarding special needs or concerns of which we should be aware (ex. Dietary restrictions).