



Winters Community Art Club

Once Upon A Time - APPLICATION 2015 Drama & Dance Program

Please PRINT and be sure to give as much detailed and accurate information as possible. This will help us contact you in the case of an emergency.

Participant Info

First Name: _____

Date of Birth: _____

Surname: _____

E-mail Address: _____

Parent/Guardian #1

First Name: _____

Home Phone: _____

Business Phone: _____

Home Address: _____

Apt. #: _____

Surname: _____

Cell Phone: _____

E-mail Address: _____

City: _____

Postal Code: _____

Parent/Guardian #2

First Name: _____

Home Phone: _____

Business Phone: _____

Address same as above

Home Address: _____

Apt. #: _____

Surname: _____

Cell Phone: _____

E-mail Address: _____

City: _____

Postal Code: _____

Alternate Emergency Contact Person

Name: _____

Home Phone: _____

Address: _____

Relationship to Participant: _____

Cell Phone: _____

MEDICAL INFORMATION

Does your child have any allergies? If yes, please identify.

Is your child currently taking medication? If yes, please identify.

Has your child had any recent illness or operation? (Please provide details)

Does your child have any special needs? (I.e. diet, physical, emotional, etc.)

Privacy: Personal information in connection with this form is collected under the authority of The York University Act, 1965 and will be used for the purpose of administering your participation in the Activity/event and related purposes. If you have any questions about the collection, use and disclosure of your personal information by Winters Community Art Club, please contact: Director of Public Relations, Winters Community Art Club, Winters College, 002D



Winters Community Art Club

PARTICIPANT RELEASE FORM

- My child(ren) will be **picked up** after Art Club. (Please fill out Section A.)
- My child(ren) is **allowed to leave alone**. (Please fill out Sections A and B.)

Winters Community Art Club is committed to providing a safe, secure environment for your child(ren). We take our responsibility to you seriously. To that end, we have implemented a Participant Release policy to ensure that a participant(s) is released only into the care of his/her parent/guardian, or into the care of an individual(s) specifically designated by the parent/guardian. **That individual will be required to provide photo ID at the time of pick-up.** If the individual is not able to provide photo ID, the child(ren) will not be released.

SECTION A

Participant Name _____

Who will pick up your child(ren)? Please identify.

| | |
|-------------|--------------------------|
| Name: _____ | Relation to child: _____ |
| Name: _____ | Relation to child: _____ |
| Name: _____ | Relation to child: _____ |

Is there anyone else who is allowed to pick up your child(ren)? Please identify.

| | |
|-------------|--------------------------|
| Name: _____ | Relation to child: _____ |
| Name: _____ | Relation to child: _____ |
| Name: _____ | Relation to child: _____ |

We understand that there may be circumstances when parents/guardians need to send a delegate who is not specified on this list to pick up their child(ren). Please issue a handwritten note from yourself authorizing the Winters Community Art Club to release the child(ren) into that individual's care. That individual must also present photo ID.

Is there anyone who is NOT authorized to pick up your child(ren)? Please identify.

| | |
|-------------|--------------------------|
| Name: _____ | Relation to child: _____ |
| Name: _____ | Relation to child: _____ |
| Name: _____ | Relation to child: _____ |

SECTION B

I, _____ authorize my child(ren) _____ to leave Winters Community Art Club UNESCORTED at 6:30 pm after the session has finished. Prior to leaving the art club all children will sign out with the Facilitators. Otherwise, it is expected that a parent/guardian will pick up each participant. Children will not be permitted to leave early unless a note has been provided by the parent/guardian.

SIGNATURE OF PARENT/GUARDIAN

(Please print) _____ (Please Sign) _____ Date _____



Winters Community Art Club

ACKNOWLEDGEMENT OF RISK

IN CASE OF AN EMERGENCY

To the best of my knowledge my child(ren) is in good health and has not been exposed to any infectious disease. He or she is physically able to participate in all activities except those indicated under the Medical Information Section of the Application Form. In the case of a surgical emergency where we are not immediately available for consultation, I (we) hereby give permission to the physicians selected by the Winters Community Art Club (WCAC) staff to hospitalize, to secure proper treatment for, and other injections, anesthesia, or surgery. Furthermore, I give permission to all WCAC and York University staff to perform emergency medical first aid treatment to my child(ren), including standard emergency first aid, standard CPR and the use of any emergency medical services on campus.

(Signature of Parent/Guardian)

(Relation to Participant)

(Date – dd/mm/yy)

DISCLAIMER

Winters Community Art Club and York University, Its Governors, officers, employees, students, volunteers and representatives are not responsible for any injury, loss or damage of any kind sustained by your child(ren) while participating in the above Program, unless such injury, loss or damage was directly caused by the negligence of York University.

RELEASE

I (We) hereby assume any and all foreseeable risks and agree to be solely responsible for any bodily injury, personal injury, property loss, etc. that may be involved in the participation of my child(ren) in this Program and agree to release Winters Community Art Club, and York University, its Governors, officers, employees, students, volunteers and representatives from liability for these risks.

ACKNOWLEDGMENT

I (We) acknowledge that I (we) have read and understood the above disclaimer and release. I (We) also acknowledge that I (we) understand, appreciate and accept the risks associated with my child(ren)'s participation in this Program.

(Signature of Parent/Guardian)

(Relation to Participant)

(Date – dd/mm/yy)

(Signature of Parent/Guardian)

(Relation to Participant)

(Date – dd/mm/yy)

PHOTO RELEASE FORM:

I, _____, the Parent/Guardian for _____ hereby grant Winters Community Art Club and York University permission to use photographs and videos of my child(ren) for administrative reasons, media purposes, and/or publicity purposes.

Date: _____ Signature: _____