

Personal Information

First Name:		Last Name:	
Date of Birth:	Gender: M F	Email:	
Address:		City:	Postal Code:

Medical Information

Family Doctor:	Doctor Phone:		
Allergies (please describe reaction and treatment):	Health Card #:		
	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 Caitlyn at caitlyn@headwatersracquetclub.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).			

Parent/Guardian: (Authorized pick-up and primary emergency contact)

First Name:		Last Name:	
Relationship to Participant:		Email:	
Work Phone:	Home Phone:	Cell Phone:	

Parent/Guardian: (Authorized pick-up and second emergency contact)

First Name:		Last Name:	
Relationship to Participant:		Email:	
Work Phone:	Home Phone:	Cell Phone:	

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:
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For Office Use Only

Member / Non-member Waiver Signed:

Photos:

Medication Form:

Programs: