



1264 Athol Street
 Regina, SK S4T 7V3
 Phone: (306)791-9888 Fax: (306)757-1052

Vibe Program Registration (effective till May 31, 2017)

Child's Name _____

Age _____ Birth Date (dd/month/yyyy) _____ / _____ / _____

Sex _____ Saskatchewan Health # _____

Please circle any that apply

First Nations
Other

Métis
New Canadian

Inuit
Prefer to not disclose

Address: _____ Postal Code: _____

| Parent(s)/Guardians' Names | Phone | Cell |
|----------------------------|-------|------|
| | | |
| | | |

Email Address: _____

| Emergency Contacts' Names | Relationship | Phone | Cell |
|---------------------------|--------------|-------|------|
| | | | |
| | | | |

Medical Information: *(Please provide any and all relevant information about your child which may affect their participation in any activity, for example: food allergies, asthma, medications, or any disability).*

Photo, Audio & Video Release Authorization

I hereby grant North Central Community Association the right and permission to use any images, photographs/video, or audio (sound) recordings taken of my child for any purpose and in any and all media now and/or in the future; and the right and permission to use my child's first name in connection with the use of these photographs/video and audio recordings. I release and discharge NCCA from any and all claims and demands arising out of, or in connection with the use of images, photographs, video and audio recordings including any and all claims for libel or invasion of privacy.

Please initial for Photo, Audio & Video Release Authorization. Thank you. _____



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Release of Responsibility Agreement Statement

Name of Parent/Guardian

Name of Child

I, the undersigned, being the parent/guardian of _____ do hereby consent to my child participating at various functions while at these outings which include, but are not limited to functions that involve sports, recreation and cultural activities. As there are certain risks involved with some activities, I understand that the North Central Community Association (NCCA) is not responsible for any injuries that may be sustained during any related activity with NCCA.

I acknowledge that I waive any and all claims I may now and in the future have against, and release and forever discharge from all liability and agree not to NCCA, or its employees, volunteers, representatives, directors, insurers, agents, sponsors, and each of their successors of and from all claims, paralysis, illness, death, property damage of loss, financial loss and any loss or injury or damages of any kind whatsoever foreseen or unforeseen, which might be sustained by my child as a result of, arising out of or in connection with my child's participation in any of the activities or programs of the NCCA.

Concurrently, I authorize NCCA staff and/or designated volunteers to provide first aid including referral to emergency medical services. I understand that if I do not wish to have my child participate in a certain activity, then I am responsible to arrange alternate activities. I understand that NCCA cannot provide alternative activities for my child.

I also understand the NCCA is not responsible if my child leaves the after-school program. I understand that at its discretion NCCA reserves the right to suspend or cancel my child's participation in any program without notice. I will inform my child that if they should leave the program by their own choice or are asked to leave they are to come home immediately.

I commit myself to providing NCCA with information regarding changes in my address or other related contact information for myself and my child. I confirm that I have read and authorized the Photo, Audio and Video release as described and have initialed overleaf.

I have read, understood and accept the above conditions for my child's participation in any and all North Central Community Association programs effective till May 31, 2017.

Signature of Parent/Guardian

Initials

Day/ Month/ Year