JUNIOR BLUES REGISTRATION FORM (1 PER CHILD)

MAIN PARENT/GUARDIAN CONTACT INFO:					
Last Name:	First	First Name:			
Address:					
	Postal Code:				
City:	Daytime Phone: ()				
Home Phone: ()	Alternate Phone:				
Family Email:					
SECOND PARENT/GUARDIAN CONTACT INFO (OPTIONAL):					
Last Name:	First Name:				
Address:					
	Postal Code:				
City:	Daytime Phone: ()				
Home Phone: ()	Alternate Phone: ()				
CHILD'S INFO:					
Child's Name	Birth Date MM /	DD / Year	Gender		
COURSE SELECTION (Include alternate choices if applicable):	:				
Course Name		Fee	Total		
MEDICAL AND EMERGENCY INFORMATION:					
Any medical concerns or information of which we should be aware?					
EMERGENCY CONTACT INFO (Other than parent or guardian):					
Contact Name Phone		Phone		Relationship	
Junior Blues strives to make our programs an enjoyable experience for all childreshould be developmentally able to participate in the full experience with minim worker/inclusion aide in programming. We regret that if abilities are not disclose	al adaptations. We had at the time of regist	ave some ability to tration, our ability to	facilitate the inclu	sion of a support	
My child requires support to participate in a group setting due to their physical, m	ental or emotional dev	velopment Yes* / No			

*A member of the Child & Youth team will contact you for further information.

PROGRAM SPECIFIC INF	ORMATION:			
	hat level is the participant working on?			
Basketball, Gymnastics, Volle	yball: Group with a friend request (ma	ximum 1)		
	NAL INFORMATION: gistered with Gymnastics Ontario (GO) n with GO is mandatory for participatio	•	g participants' name,	age, gender and
Certifications: Personal informa This disclosure is mandatory to	tion including name, address and birthoreceive a certification.	date are shared with certifying ag	encies (Lifesaving Soci	iety and Red Cross).
I give my consent for personal	information to be shared as indicated a	bove: YES / NO		
personal information including	tential research participants at the Univ mine and my child's names, my child's specific study and have the option of de	age, gender, birthdate and my ph	, ,	
	GIVE MY CONSENT TO BE A POTENTIAL F	RESEARCH PARTICIPANT AS INDICAT	ED ABOVE FOR:	
	Faculty of Kinesiology and	Physical Education Yes / No		
business functions of the Universities please refer to www.utoronto.ca	ts, creates, uses, maintains, discloses a rsity in a manner consistent with the Fre a/privacy or contact the University Freeding, room 201, 12 Queen's Park Cresce	eedom of Information and Protect dom of Information and Protection	ion of Privacy Act. If yo	
These types of injuries may be understand that the RULES and rules and regulations. I hereby to participate brings with it the COUNCIL OF THE UNIVERSITY liable for any injury to my perso activities, UNLESS such injury, the scope of their duties. I declarate	knowledge that certain RISKS OF INJU minor or serious and may result from or I REGULATIONS are designed for the sawarrant that the participant(s) that I a ASSUMPTION OF THOSE RISKS AND YOF TORONTO or the Faculty of Kinesin and/or loss or damage to my personal loss or damage is caused by the SOLE are having read and understood the above foregoing. If I am registering a minor,	ne's actions, or the actions or inactafety and protection of participant in registering are physically fit to RESULTS which are part of these ology and Physical Education at I property arising from, or in any NEGLIGENCE of the University of the UNIFORMED CONSENT AGRE	tions of others, or a co s and hereby undertak participate and unders activities. I agree that THE UNIVERSITY OF T vay resulting from, my its employees or ager EMENT in its entirety a	mbination of both. I te to abide by these tand that the CHOICE THE GOVERNING ORONTO shall not be participation in these ts while acting within nd hereby consent to
PARENTAL APPROVAL:				
Parent/Guardian Signature:			Date: dd/mm/yy	/ /
By signing and dating the abo	ve, you are agreeing to the terms and	conditions listed in the informe		i.
INCOMPLETE APPLICATION: FAX NUMBER 416.946.7679 PHONE NUMBER 416.978.34: WAIT LISTED? YOU WILL BE	36			
PAYMENT INFO:				
Total Payment:		Payment Type: VISA MC CA	ASH DEBIT AMEX	
Name on Card:		Number:		