

First Name _____ Last Name _____

Address _____ Phone Number _____

Email Address _____ Gender _____

Birth Date _____ Age _____ School _____ Grade _____
(DD/MM/YYYY)

Preferred Location (Circle one): Rosedale School Queen Elizabeth School The Tech Holy Family School

Guardian: _____
Name Home phone Cell phone

Name Home phone Cell phone

Emergency Contact (Other than parents listed above):

Name Phone Relationship

Allergies/Medical conditions or other concerns: _____

Photography and Media Release

I Love to Move will occasionally take photographs, videos and audio throughout the program. Your signature indicated that you release the *Center for Social Justice and Good Works*, its employees and representatives from any claims, demands, expenses, causes of action and for liability in any way related to the collection and use of testimonials and images. Please note that *I Love to Move* recreational program cannot control the use of media by other participants. This agreement is binding for all days of participation in *I Love to Move*.

Parents Signature _____

Date _____

Centre for Social Justice and Good Works
INFORMED CONSENT: EDUCATIONAL AND RECREATIONAL ACTIVITIES ACKNOWLEDGEMENT AND PERMISSION FORM FOR PARTICIPANTS UNDER AGE 18

I Love To Move is an out of school recreation program, administered by the Centre of Social Justice and Good Works in partnership with the Sault Ste. Marie Police Service.

THIS FORM MUST BE READ AND SIGNED BY EVERY PARTICIPANT WHO WISHES TO PARTICIPATE AND BY A PARENT/GUARDIAN OF A PARTICIPATING INDIVIDUAL.

Element of Risk

Recreational activity programs involve certain elements of risk. Accidents may occur while participating in these activities. These accidents may cause injury. Without limiting the generality of the foregoing, a few examples of the type of accident which one is at risk of having while participating in a recreational program are:

- 1 Minor cuts, scrapes, bumps, and bruises, particularly to hands, arms, and legs.
- 2 Twisted, strained, or sprained ankles, knees or elbows.
- 3 Bloody noses or black eyes.

These accidents result from the nature of the activity and can occur without any fault on either part of the participant, or the Centre for Social Justice and Good Works or its volunteers, or the facility of where the activity is taking place. By choosing to participate in the activity, you are assuming the risk of accident occurring. The chances of an accident occurring can be reduced by carefully following instructions at all times while engaging in the activity.

If you choose to participate in the *I Love To Move* recreational program, you must understand you will bear the responsibility for any accident that might occur. The Centre for Social Justice and Good Works or the Neighbourhood Resource Centre do not provide any accidental death-disability, dismemberment or medical insurance on behalf of participants in this activity.

ACKNOWLEDGEMENT

Name of Participant: _____ Date: _____

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____

PERMISSION

I give _____ (name of participant) permission to participate in the *I Love To Move* recreational program.

Signature of Parent/Guardian: _____ Date: _____