



Park and Play Registration Form

Participant Information			
PARTICIPANT 1			
First Name:		Last Name:	
Gender:	Birth Date:	Age:	
Medical/Behavioural Concerns:			
PARTICIPANT 2			
First Name:		Last Name:	
Gender:	Birth Date:	Age:	
Medical/Behavioural Concerns:			
PARTICIPANT 3			
First Name:		Last Name:	
Gender:	Birth Date:	Age:	
Medical/Behavioural Concerns:			
Contact Information			
<i>All contacts listed below will be emergency contacts that are authorized to pick the participant up from the program.</i>			
Primary Contact:		Relation:	
Primary Contact Phone:			
Primary Contact Email:			
Secondary Contact:		Relation:	
Secondary Contact Phone:			
Additional Contacts:			
Questionnaire			
1. All registrants (parental/guardian consent) must agree to the waiver. I agree to release and save harmless The Township of Scugog, and its employees and other agents from any and all claims or other proceedings, regardless of who makes them, in respect of any damage or injury arising by reason of participation in the program by myself or the person(s) who are shown as the "participants".			
			<input type="checkbox"/> I understand and agree
2. I give permission for The Township of Scugog to take photographs of my child during our camp programs for use in future promotional materials/social media			
		<input type="checkbox"/> Yes	<input type="checkbox"/> No