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|  |  | **Parent/Guardian Information**  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone: \_\_\_\_-\_\_\_\_\_-\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Child(ren)’s Information**  Child One Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_ /\_\_ /\_\_  Child Two Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_ /\_\_ /\_\_  Child Three Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_ /\_\_ /\_\_  Child Four Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_ /\_\_ /\_\_  yyyy/mm/dd  **Emergency Contact**  (other than parent/guardian listed above)  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_  Phone: \_\_\_\_-\_\_\_\_\_-\_\_\_\_\_\_  **Medical Information**  Family Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_-\_\_\_\_\_-\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Are there any medical conditions we should be aware of? (allergies, behavioural, etc)  YES NO  If yes, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Consent**  (check all that apply)  \_\_\_\_ I agree to my child taking part in the activities of this program.  \_\_\_\_ I confirm, to the best of my knowledge, that my child does not suffer from any medical condition other than those listed above.  \_\_\_\_ I give permission for Generations Marketplace to take and/or use photo/video content taken during the activities for promotional purposes.  \_\_\_\_ I agree to indemnify and hold blameless Generations Marketplace and/or its personnel, from and against any loss, damage or injury suffered by my child as a result of being part of the activities of Generations Marketplace, as well as any medical treatment authorized by the supervising individuals representing Generations Marketplace.  Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_ / \_\_ / \_\_  yyyy/mm/dd  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Information &**  **Registration**  **Form** **CONTACT** PHONE:  519-718-2273  ADDRESS:  200 Concession 13 Townsend  Simcoe, ON  EMAIL:  [generationsmarketplacealc@gmail.com](mailto:generationsmarketplacealc@gmail.com)  WEBSITE:  generationsmarketplace.ca |  |



