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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 NOIf 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/ddSignature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Information &****Registration****Form****CONTACT**PHONE:519-718-2273ADDRESS:200 Concession 13 TownsendSimcoe, ONEMAIL:generationsmarketplacealc@gmail.comWEBSITE:generationsmarketplace.ca |  |



