



Recreation Services Registration Form

Client # _____

PARTICIPATION CRITERIA

Recreation Services are available to any resident of Durham Region with a special need between the ages of birth to 21 years of age with a valid Health Card number.

GRANDVIEW
CHILDREN'S
CENTRE
600 Townline Rd. S
Oshawa, On L1H 7K6
Telephone: 905-728-1673
Fax: 905-728-2961

To ensure safety during recreation programs, participants must:

- Be medically stable for six months and have no recurring history of problems with breathing, swallowing, choking or life threatening seizures.
- Have an adult emergency contact available at all times.
- Be able to follow direction and remain within the confines of program space.
- Demonstrate appropriate behaviour, without abusing themselves or others.

In the interest of controlling the spread of contagious infections, any client showing any visible form of illness or infestation may, at the discretion of a Grandview staff member, be refused to participate and sent home.

Special arrangements can be made for participants who require:

- Assistance with dressing
- Assistance with personal care. e.g. eating, toileting. Participants who require assistance must be accompanied by a support worker.

Recreation Services reserves the right to exclude any participant:

- Who does not meet participation criteria
- Whose needs cannot be safely met
- Whose medical/physical/behavioural condition is significantly different to that which was disclosed on the registration form and participant profile.

Participant Information

Please Print

Last Name:	First Name:	Birthdate: MM DD YY
Address:	City:	Postal Code:
Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/>	Phone : (Home) (Work) (Cell)	
Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/>	Phone : (Home) (Work) (Cell)	
Health Card Number:	Emergency Contact Person:	Phone:

HELP US PLAN FOR YOUR CHILD'S PARTICIPATION IN OUR RECREATION ACTIVITIES:

Disability/Diagnosis:

Special Requirements:

Allergies: list all allergies excluding medication: _____ **No Known Allergies**

Participant Profile: Attached On file/ date completed _____

This information is confidential and will only be shared with staff, volunteers and community partners that are involved with your child(ren) for the purpose of providing the recreation activities outlined on this registration form. Limited information (name and address) may be provided to the Grandview Children's Foundation for newsletter/fundraising mailings which will provide you with information about programs, services and special events

Program(s)	Dates	Day/Time	Location	Fee

Total amount owing: _____ Payment: Paid in full Post-dated Cheques _____
 Payment: Cash Cheque # _____ Date Received: _____

Refunds:

- A full refund will be issued if a program is cancelled prior to the program beginning.
- Refunds will be issued if a request is received prior to the start of the program
- A refund for sessions missed due to medical reasons will be issued with a medical note.
- All refunds are subject to a \$25. administrative fee.

CONSENT:

- In consideration of my/our child(ren)'s participation in Grandview Children's Centre Recreation Programs, I assume all risk of personal injury, death or property loss resulting from any cause whatsoever, other than any such injury, death or property loss resulting from the gross negligence or breach of statutory duty of care on the part of Grandview Children's Centre, it's agents, servants and employees.

I/we agree that Grandview Children's Centre, it's agents, servants and employees shall not be liable to me, my child(ren) or our heirs or estate trustees for any such personal injury, death or property loss and release the said Grandview Children's Centre, its agents, servants and employees and waive any and all claims with respect thereto. I/we agree that the information, contained herein is correct. I/we further agree that if there is a change in information and/or medical condition of my/our child(ren) that I/we will inform Grandview Children's Centre Recreation Services immediately of such change.

Signature: _____ Date: _____
Parent/Guardian's signature

Office Use Only:

Payment processed on: _____	Receipt #: _____
Admitted by: _____	Date: _____
WinCIS checked by: _____	Date: _____
WinCIS revisions made by: _____	Date: _____

www.grandviewcc.ca

 Payment by credit card information

Visa _____ MasterCard _____ Security Code: _____

Card holder Name: First Name: _____ Last Name: _____

Card Number: _____ Expiration Date: Month: _____ Year _____