

Norfolk County Program Registration Form

Location

- Delhi Tobacco Museum & Heritage Centre Port Dover Harbour Museum
 Waterford Heritage & Agricultural Museum Norfolk Arts Centre

Participant Information

Name: _____

Age: _____ Date of Birth: _____

Address: _____

Parent/Guardian Information:

Name: _____ Email: _____

Cell Number: _____ Work Number: _____

Parent/Guardian Information:

Name: _____ Email: _____

Cell Number: _____ Work Number: _____

Emergency Contact Information:

Name: _____ Relationship to Participant: _____

Cell Number: _____ Work Number: _____

Other Information:

Please name all or any allergies/medical conditions we need to be aware of: _____

Please provide any information concerning the Participant which will be helpful in his/her/their experience. For example, eating habits, special fears, likes and/or dislikes.

The participant has your permission to:

a) be picked up by the following people: _____

b) walk or ride bike home unaccompanied: Yes No

Model Release

I duly authorize and grant permission for the Corporation of Norfolk County or its assignees to freely utilize the photographic image(s) I have provided and/or in which the participant appears on Norfolk County Heritage & Culture websites, social media and promotional materials.

Parent/Guardian Signature: _____ Date: _____

Medical Release

I, _____, [name of Parent/Guardian] hereby consent that if at any time, due to circumstances such as an accident, sudden illness or emergency, medical treatment is required for the Participant (and I and the emergency contact listed on this Program Registration Form cannot be contacted), care may be given by private physician or hospital to the Participant. I also consent to emergency transportation by ambulance if necessary. I realize I will be held financially responsible for all transport and medical costs incurred.

Parent/Guardian Signature: _____ Date: _____

Release Waiver and Indemnity

I, _____, [name of Parent/Guardian] voluntarily assume any risk of injury or damage in connection with the above program, and I release, discharge and agree to indemnify and save harmless Norfolk County, its employees, agents and volunteers from any liability, claim or demand howsoever incurred, arising out of the participation of the Participant in the program.

Parent/Guardian Signature: _____ Date: _____

Acceptable Behaviour

Program participants are expected to exhibit acceptable behaviour. Guidelines for acceptable behaviour will be explained the first day of the program. Coarse language, theft, physical/aggressive behaviour, inappropriate or uncooperative behaviour may result in removal from the program. No refunds will be given if the participant is removed from the program for inappropriate behaviour.

I have read and agree to the Acceptable Behaviour clause.

Parent/Guardian Signature: _____ Date: _____