

CUT ON THE DOTTED LINE &

JUNIOR BLUES REGISTRATION FORM (1 PER CHILD)

MAIN PARENT/GUARDIAN CONTACT INFO:

Last Name:	First Name:
	Barcode:
Address:	
City:	Postal Code:
Home Phone: ()	Daytime Phone: ()
Family Email:	Alternate Phone:

SECOND PARENT/GUARDIAN CONTACT INFO (OPTIONAL):

Last Name:	First Name:
Address:	Barcode:
	Postal Code:
City:	Daytime Phone: ()
Home Phone: ()	Alternate Phone: ()

CHILD'S INFO:

Child's Name	Birth Date MM / DD / Year	Gender
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COURSE SELECTION (Include alternate choices if applicable):

Course #	Course Name	Fee	Total

MEDICAL AND EMERGENCY INFORMATION:

Any medical concerns or information of which we should be aware?

EMERGENCY CONTACT INFO (Other than parent or guardian):

Contact Name	Phone	Relationship

Junior Blues strives to make our programs an enjoyable experience for all children. In order to facilitate learning and enjoyment for all participants, children should be developmentally able to participate in the full experience with minimal adaptations. We have some ability to facilitate the inclusion of a support worker/inclusion aide in programming. We regret that if abilities are not disclosed at the time of registration, our ability to facilitate assistance will be limited.

My child requires support to participate in a group setting due to their physical, mental or emotional development Yes* / No

*A member of the Child & Youth team will contact you for further information.

PROGRAM SPECIFIC INFORMATION:

Private/Semi-private swim: What level is the participant working on?	
Basketball, Gymnastics, Volleyball: Group with a friend request (maximum 1)	

DISCLOSURE OF PERSONAL INFORMATION:

Gymnastics: Participants are registered with Gymnastics Ontario (GO) and personal information including participants' name, age, gender and address are shared. Registration with GO is mandatory for participation in a Gymnastics program.

Certifications: Personal information including name, address and birthdate are shared with certifying agencies (Lifesaving Society and Red Cross). This disclosure is mandatory to receive a certification.

I give my consent for personal information to be shared as indicated above: **YES / NO**

Please include my family as potential research participants at the University of Toronto. I give consent for Junior Blues programs to disclose personal information including mine and my child's names, my child's age, gender, birthdate and my phone number and/or email. I understand that I may be contacted regarding a specific study and have the option of declining at that time.

I GIVE MY CONSENT TO BE A POTENTIAL RESEARCH PARTICIPANT AS INDICATED ABOVE FOR:

Faculty of Kinesiology and Physical Education Yes / No

PRIVACY NOTICE

The University of Toronto collects, creates, uses, maintains, discloses and disposes of information for the purposes of operating the programs and business functions of the University in a manner consistent with the Freedom of Information and Protection of Privacy Act. If you have questions, please refer to www.utoronto.ca/privacy or contact the University Freedom of Information and Protection of Privacy Office at 416.946.7303, McMurrich Building, room 201, 12 Queen's Park Crescent West, Toronto, ON, M5S 1A8

INFORMED CONSENT AGREEMENT

I the UNDERSIGNED hereby acknowledge that certain RISKS OF INJURY are inherent to participation in sports and recreation activities. These types of injuries may be minor or serious and may result from one's actions, or the actions or inactions of others, or a combination of both. I understand that the RULES and REGULATIONS are designed for the safety and protection of participants and hereby undertake to abide by these rules and regulations. I hereby WARRANT that the participant(s) that I am registering are physically fit to participate and understand that the CHOICE to participate brings with it the ASSUMPTION OF THOSE RISKS AND RESULTS which are part of these activities. I agree that THE GOVERNING COUNCIL OF THE UNIVERSITY OF TORONTO or the Faculty of Kinesiology and Physical Education at THE UNIVERSITY OF TORONTO shall not be liable for any injury to my person and/or loss or damage to my personal property arising from, or in any way resulting from, my participation in these activities, UNLESS such injury, loss or damage is caused by the SOLE NEGLIGENCE of the University or its employees or agents while acting within the scope of their duties. I declare having read and understood the above INFORMED CONSENT AGREEMENT in its entirety and hereby consent to participate acknowledging all the foregoing. If I am registering a minor, I certify that I am the parent/guardian for that minor, and agree to the above on their behalf.

PARENTAL APPROVAL:

Parent/Guardian Signature:		Date:	/ /
		dd/mm/yy	

By signing and dating the above, you are agreeing to the terms and conditions listed in the informed consent agreement.

INCOMPLETE APPLICATIONS CANNOT BE PROCESSED

FAX NUMBER 416.946.7679

PHONE NUMBER 416.978.3436

WAIT LISTED? YOU WILL BE NOTIFIED BY EMAIL

PAYMENT INFO:

Total Payment:		Payment Type: VISA MC CASH DEBIT AMEX
Name on Card:		Number: <input type="text"/>
Signature:		Expiry Date: <input type="text"/>