

## Impact Zone | PARENT / GUARDIAN APPLICATION FORM

Students, parents and caregivers, please fill out the following information and return this form to the Impact Zone after school program Coordinator. This form is required to participate in the after school program.

**Please fill out the information below:**

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

School Enrolled: \_\_\_\_\_

Gender: Female / Male      Birth date: \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parents and Guardians, what languages do you speak? \_\_\_\_\_

Do the parents/ guardians speak English?      Yes      No      Some English

**Emergency Contact**

OHIP # \_\_\_\_\_ Family Doctor Name \_\_\_\_\_

Phone Number \_\_\_\_\_

In case of emergency and the parent or caregiver cannot be reached, please notify:

Name \_\_\_\_\_ Relationship to family \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Please list any current medications, medical conditions, recent injuries, food or drug allergies:**

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**Dismissal/Sign Out**

1) My child may be picked up by the following adults (list all names):

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2) My child is allowed to leave the program without an adult to travel home (check one):      Yes      No

3) All students are required to stay until the program closes. If your child needs to leave earlier, you must fill out the "Early Release" form.

## Parent or Guardian Release

Students, parents and legal guardians, please read carefully, sign, and return this form to the Impact Zone after school program Coordinator. A parent or legal guardian signature on this form is required to participate in the after school program.

### **For Emergency Treatment**

I authorize the Impact Zone After school program and Cross Town Impact to arrange for transportation in case of accident or acute illness of the participant. In the event it is not possible to receive instruction for the participant's care, consent is given to any licensed physician for treatment. I allow the physician to administer medication and to perform necessary treatment for the preservation of the participant's health and well-being. I understand that any cost incurred for treatment of sudden illness or accident shall be paid by me. This authorization and consent for treatment is given to the Drop Zone After school program and Cross Town Impact in conjunction with any authorized event.

### **General Release of Liability**

In consideration for being allowed participant privileges in any program of the Impact Zone after school program and Cross Town Impact, I hereby assume full responsibility for any risk of bodily injury, death, or property damage and/or while using the premises or any facilities or equipment hereon. I further agree to hold harmless the Impact Zone After school program and Cross Town Impact, their partners, directors, officers, employees, agents, and volunteers from any and all claims that may result from any action for damages, including but not limited, to such claims that may result from injury or death, accident or otherwise, during or arising in any way from said activity. I acknowledge that this General Release of Liability of the Drop Zone after school program and Cross Town Impact and its partners is binding on me and not my heirs, personal representatives, successors, and assigns.

### **Media Release**

I hereby consent to the use of my/my child's name, likeness and speech in any audio tape, video tape, film or photograph made in any Impact Zone after school program and Cross Town Impact & activity for the business or publicity purposes of the Impact Zone After school program and Cross Town Impact and its partners. I understand that any participation offers no remuneration and that my/my child's name, likeness and speech may be edited, produced, recorded for duplication and distribution throughout the Canada and abroad.

I expressly release the Impact Zone after school program and Cross Town Impact, its licensees, assignees, affiliates and successors from any privacy, defamation, or other claims have arising out of broadcast, exhibition, publication, or promotion of this program.

*- Please sign here if you **do not** agree to the Media Release*

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Parent/ Legal Guardian Signature or Participant (if over 18)

Date: \_\_\_\_\_