

**SIMCOE HALL SETTLEMENT HOUSE
2019 SKI REGISTRATION**

Child's Name: _____

Health Card Number (Must be provided: Should an injury occur, your child's health card number will help assure prompt medical attention):

Street Address: _____ Apt# _____

City: _____ Postal Code: _____

Home Phone Number: _____ Cell: _____

Emergency Contact Person (Must be provided): _____

Emergency Contact Phone #: _____ Cell: _____

PLEASE LIST/DESCRIBE ANY MEDICAL INFORMATION WE SHOULD BE MADE AWARE OF IE: ALLERGIES, MEDICATIONS, ETC.

Have you ever skied before? Yes _____ No _____

If so, for how many years _____

Have you ever had ski lessons? Yes _____ No _____

If yes, what level would you like to be put in? in? _____

Do you have your own ski equipment? Yes _____ No _____

(If not, please contact George Pelzowski.)

Transportation Needed (Bus) _____ (Yes or No)

If you have any questions/concerns, please do not hesitate to call Simcoe Hall (905)728-7525 from 9:00 a.m.- 4:00 p.m. ~ Mon.-Fri. Thank You!

Amount Paid: _____ Receipt#: _____

Paid by Cheque: _____ Paid by Cash: _____

**SIMCOE HALL SETTLEMENT HOUSE
387 SIMCOE STREET SOUTH, OSHAWA, ONTARIO
(905) 728-7525**

CONSENT AND HOLD HARMLESS AGREEMENT

“I _____ give consent for my child/ren to participate in the Simcoe Hall Settlement House 2017 Ski Program. I understand and agree to all of the conditions set forth at the time of registration.”

“I further agree to indemnify and hold harmless Simcoe Hall Settlement House, its agents, employees or volunteers of all liability for loss or damage arising from any cause whatsoever and hereby release, waive and discharge Simcoe Hall Settlement House from all liability to my heirs, executors, administrators and assigns for all loss or damage and any claims or demands for such loss or damage on account of injury to person or property while participating in and/or being transported to and from program activities.”

Date: _____ Parent/Guardian Signature: _____

CONSENT TO MEDICAL TREATMENT

“I hereby give permission to Simcoe Hall Settlement House to provide or arrange for such first aid or other medical treatment or care of child/ren included in this registration, including but not limited to transportation to hospital, as such staff may consider necessary or advisable. I understand that all costs related to such actions shall be my responsibility and I agree to pay for and/or reimburse Simcoe Hall Settlement House for any such costs as may be incurred.”

“I accept full responsibility for ensuring that participants named in this registration application are physically and medically fit to participate in the program activities for which they are registered throughout the duration of such programs.”

Date: _____ Parent/Guardian Signature: _____