

# Pasadena Place Registration Form

## Personal Information

<b>Participant Name</b>	First	Last	Date of Birth
<b>Address</b>	Number & Street Name	City/Town	Postal Code
<b>Telephone</b> <small>(Parent/Guardian)</small>	Work	Home	Cell
<b>Parent/Guardian Names</b>	Parent/Guardian 1	Parent/Guardian 2	Relationship to Child
<b>Email</b> <small>(Parent/Guardian)</small>		<b>Grade</b>	
<b>Allergies</b>		<b>MCP #</b>	
Does your child have any special needs, allergies, or medical conditions?			
Does your child carry an epi pin or an asthma inhaler?			
If yes, will they be required to use it during programs?			

## EASTER CAMP ATTENDANCE

*Please indicate date and time*

Monday <input type="checkbox"/> 9:00-4:00 or 8:00-5:30	Tuesday <input type="checkbox"/> 9:00-4:00 or 8:00-5:30	Wednesday <input type="checkbox"/> 9:00-4:00 or 8:00-5:30	Thursday <input type="checkbox"/> 9:00-4:00 or 8:00-5:30	Friday <input type="checkbox"/> 9:00-4:00 or 8:00-5:30
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## Emergency Contact Information

<b>Name</b>	First	Last
<b>Telephone</b>	Work	Home Cell

### *Pasadena Place Photo Release Form*

I, \_\_\_\_\_ (please print), grant permission for the Town of Pasadena to reproduce photographs taken of me, or members of my family, for the purpose of publication, promotion, illustration or advertising.

I acknowledge that I am  over the age of 18  
 the legal guardian of the following:

If legal guardian, please list names of children here: \_\_\_\_\_

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

**The Town of Pasadena**  
(the "Town")

**Release, Acknowledgment and Waiver for Pasadena Place Participant**  
(the "Waiver")

Participant Name: \_\_\_\_\_

Address: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ EC Telephone: (H) \_\_\_\_\_  
(C) \_\_\_\_\_ (C) \_\_\_\_\_

In consideration of the Town granting me, the undersigned, the benefit and privilege of participating in Pasadena Place programs in the Town of Pasadena, Newfoundland and Labrador, I, for myself, my heirs, executors, administrators and assigns, waive any claims to which I may become entitled for injury or damage arising from my participation in the program and/or rental activity, and release and discharge forever, the Town, its trustees, directors, officers, employees, staff, councillors, volunteers, agents and representatives and any such lawful successors and assigns (the "Town Personnel"), from any and all claims, demands, damages, actions, losses or liabilities arising out of or in consequence of any injury, loss, death or damage suffered by me as a result of my participation in the Activity, including but not limited to negligence, breach of contract or breach of any statutory or other duty of care owed by the Town or Town Personnel.

I acknowledge the risks inherent and associated with participating in Pasadena Place programs and understand that my participation in the program is at my own risk and agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the program. I am aware that my participation in the program could, in some circumstances, result in physical injury and as such declare that I am in proper physical condition to participate in the program.

I authorize the Town and Town Personnel to act on my behalf, to authorize medical treatment to, upon, or for the benefit of myself, for any minor injuries which may occur from my participation in the program.

**I understand that by signing this Waiver I am waiving certain legal rights, including the right to sue.**

**DATED** at Pasadena, in the Province of Newfoundland and Labrador, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Participant Name – please print

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Parent Signature if under 18

\_\_\_\_\_  
Witness Signature