

Pasadena Place Registration Form



Personal Information

Participant Name	First	Last	Date of Birth
Address	Number & Street Name	City/Town	Postal Code
Telephone <small>(Parent/Guardian)</small>	Work	Home	Cell
Parent/Guardian Names	Parent/Guardian 1	Parent/Guardian 2	Relationship to Child
Email <small>(Parent/Guardian)</small>		Current Grade	
Allergies		MCP #	
Does your child/ren have a medical condition or an exceptionality which we should be aware of?			
If yes, please describe.			

SUMMER CAMP – SCHEDULE (Place a check mark in days of attendance)

Weeks	Full Time	Select Time	Monday	Tuesday	Wednesday	Thursday	Friday
Summer Kick Off	Yes No	9am-4pm 8am-5pm	Not Available	Not Available	Not Available		
1. July 6-10	Yes No	9am-4pm 8am-5pm					
2. July 13-17	Yes No	9am-4pm 8am-5pm					
3. July 20-24	Yes No	9am-4pm 8am-5pm					
4. July 27-31	Yes No	9am-4pm 8am-5pm					
5. August 3-7	Yes No	9am-4pm 8am-5pm	Closed for Civic Holiday				
6. August 10-14	Yes No	9am-4pm 8am-5pm					
7. August 17-21	Yes No	9am-4pm 8am-5pm					
8. August 24-28	Yes No	9am-4pm 8am-5pm					

Primary Emergency Contact Information

Name	First	Last
Telephone	Work	Home
		Cell

Secondary Emergency Contact Information

Name	First	Last
Telephone	Work	Home
		Cell

The Town of Pasadena
(the "Town")

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

Participant Name: _____ MCP Number: _____
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

