



Registration Form

Date _____ Program _____ School _____ Grade entering in Sept 2018 _____

Child's Name _____ Date of Birth _____

Street Address _____ City/Town _____ Province _____ Postal code _____

Parent Information Must be Completed in FULL

Mother's Name _____ Email _____ Street Address _____ City _____ Province _____ Postal Code _____ Phone _____ Cell: _____ Employer's Name _____ Address _____ City _____ Province _____ Postal Code _____ Business Phone number _____	Fathers's Name _____ Email _____ Street Address _____ City _____ Province _____ Postal Code _____ Phone _____ Cell _____ Employer's Name _____ Address _____ City _____ Province _____ Postal Code _____ Business Phone number _____
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Are there any custody arrangements/restrictions that Bulldog needs to be aware of? If yes, please detail. Attach any necessary documents. Police will only respond to Court mandated or Family & Children's Services documentation.

Contacts, MUST HAVE 2 EMERGENCY CONTACTS-Cannot be Parents or Individuals that Reside at Same Address

Emergency Contact #1 Name _____ Relationship to child _____ Address _____ Postal Code _____ Phone Number _____ Business # _____	Emergency Contact #2 Name _____ Relationship to child _____ Address _____ Postal Code _____ Phone Number _____ Business # _____
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Whom would you like to care for the child should neither parent be able to do so?

Physician's Name, Address and Phone Number _____

Program Start Date	Program Removal Date	Reason for Leaving



Parent Release Form

Please Read the Following:

I understand there is a risk of injury associated with participation in physical activities and the use of interactive equipment such as the equipment my child may use at Bulldog Interactive Fitness. I agree to waive any and all claims of liability, release and hold harmless Bulldog Interactive Fitness and its associated companies in the event such injury occurs to my child, meaning I will not sue Bulldog Interactive Fitness or try to hold Bulldog Interactive Fitness legally responsible. In the event of accident or injury when parent, legal guardian, or emergency contacts are not available, I give my permission to Bulldog Interactive Fitness to obtain whatever medical attention it deems necessary and assume all costs associated with such treatment. Bulldog Interactive Fitness is not responsible for any lost or stolen items left at the Bulldog Interactive Fitness premises.

Please Print

Parent/Guardian Name _____ Contact Numbers _____

Signature _____ Date _____

Participants Names Age Participants Name Age _____

I would like to receive periodic emails with upcoming programs and activities Yes _____ NO _____

Email Address _____

Photo/Video Release Form

I hereby give Bulldog Fitness (the company) permission to produce, use, exhibit, display, distribute and recreate any images or videos taken within or connected to the activities of the company and its derivatives. The permission given includes, but is not limited to, the right to display, distribute and publish said media for any company website, publications, promotional material, marketing and advertising and other such similar means available to the company. Photos will not be sold to other companies.

Parental signature: _____ Date: _____ Witness _____

Sign Out Authorization Form 2018-2019

Child's Name: _____

Parent(s) Name: _____

Please list the names of people you have authorized to pick up your child:

Name:	Relationship:
Phone 1:	Phone 2:
Name:	Relationship:
Phone 1:	Phone 2:
Name:	Relationship:
Phone 1:	Phone 2:
Name:	Relationship:
Phone 1:	Phone 2:
Name:	Relationship:
Phone 1:	Phone 2:

Parent/Guardian Signature

Date



Physical Activity Readiness Questionnaire (PAR-Q)

Name: _____

There are potential risks in any physical activity program. The PAR-Q has been developed to identify people that may be at greater risk, or who should see a physician for advice prior to attending our facility.

Parents: Please read the PAR-Q carefully and respond honestly.

Yes No

- 1. Has your doctor ever said your child has a heart condition and recommended only medically approved physical activity?
- 2. Does your child lose consciousness or lose his/her balance as a result of dizziness?
- 3. Does your child have a bone or joint problem that could be aggravated by the proposed physical activity?
- 4. Is your child's doctor currently prescribing medication for your child? If so, list the medications and the reason for the medication. Any medication requiring dispensing requires a signed form for consent to dispense.

Medication	Reason for Medication	Possible Side Effects
_____	_____	_____
_____	_____	_____

- 5. Does your child have food allergies or any other condition of which we should be aware? If yes, state the details below and if an EPI PEN is required.

- 6. If your child requires an EPI PEN you must complete an Anaphylactic Information Form
- 6. Does your child have any chronic disability or chronic disease?
 - Cerebral Palsy Hyper-mobility Epilepsy or Seizures
 - ADD or ADHD Obesity Down Syndrome
 - Intellectual Impairment Diabetes (type 1 or 2) Cystic Fibrosis
 - High blood pressure High Cholesterol Asthma or Emphysema
 - Other (please specify) _____
- 7. In the last year, have there been significant changes in family relationships?
 - Birth Marriage Death
 - Divorce Separation Legal Custody
- 8. Does your child have, or has your child had, an eating disorder?
- 9. Does your child have particular fears? If yes, please indicate:

- 10. Does your child have one to one (EA)/ Educational Assistant at school or during camp?
If Yes, please specify; Full Time Part time Behavioral support Educational support
Outline reasons for EA, any triggers, responses etc. and include any information the staff could use to ensure a positive outcome.
An additional page has been provided for greater detail.
- 11. Is your child up to date in all immunizations?
If No, please explain _____
- 12. Is your child toilet trained? If not, you must provide medical documentation to substantiate difficulties.
- 13. Are there any specific requirements regarding rest?

14. Informed consent.

I, the undersigned, acknowledge on behalf of my child that there are potential risks in physical activity programs. I assume those risk and consent to the proposed participation in this program. I, or any person claiming through me or on my behalf, do hereby release Bulldog Fitness and their officers, employees or agents, from all claims for loss, injury or damage to persons and property while participating in this program, or traveling to or from this program, except when the facility and/or its agents are negligent.

I hereby acknowledge that:

- The information provided above regarding my child's health is, to the best of my knowledge, correct.
- I will inform you immediately if there are any changes to the information provided above.
- I give permission for my child to commence your physical activity program.

Parental signature: _____ Date: _____

Bulldog Staff signature: _____ Date: _____

NOTE: If you answered YES to any question from 1 through 8, consult your doctor before sending your child to Bulldog Interactive Fitness. Failure to do so may increase your child's injury/health risk of participating at the facility Every effort will be made to meet the support needs as required however Bulldog reserves the right to decide whether the program is suitable and if accommodations are required and met to keep the child safe.

Bulldog Fitness: Summer Camp 2018

Camp Weeks Available	Age 3-5	Age 6-8	Age 9-13	Pizza Monday		Pizza Friday		Extended Hours Option	
				Cheese	Pepp	Cheese	Pepp	Early Drop Off	Late Pick Up
July 3-6th (short week)				=====	=====				
July 9-13									
July 16-20									
July 23-27th									
July 30-Aug 3									
Aug 7-10 (short week)				=====	=====				
Aug 13-17									
Aug 20-24									
Aug 27-31									

****Extended Hours Option: Please list above the TIME you are dropping your child off or picking your child up. ****

Supervision from 8-9am and 4-5pm is free of charge. Additional supervision (early drop off or late pick up) will be charged at a rate of \$5.00 per hour. Fees include tax (HST)

Camp Weekly Cost:

\$195 per child

Short Weeks: July 3-6th, August 7-10th

\$165/ per child (tax included)

Pizza Lunch available Mondays and Fridays for \$6.50 per day

(2 lg. slices of pizza, Cold Water Bottle and fresh fruit)

Your fully completed registration form must be accompanied with your payment to guarantee your child's spot.

(Post-dated cheques for 1 week prior to camp will be accepted).

Please use one application per child, Photocopies are acceptable.

Please check to ensure that any pre/post supervision, pizza lunches and camp sessions are clearly indicated.

****If your child does not attend Upper Grand District School Board or Wellington Catholic District School Board you must submit your child's immunization records with registration package. ****

Pre-Supervision (before 8:00 am) Total Cost: _____
 Post Supervision (after 5:00 pm) Total Cost: _____
 Methods of Payment (check one): ___ Cash ___ Debit ___ Mastercard ___ Visa ___ Cheque

Card # _____ Expiry Date _____ cvv _____

Card Holders Name (please print) _____

Camp Amount _____ + extra Supervision _____ + Pizza lunches _____

Total Amount: _____

Payment is due at time of registration

Cancellation Policy: 7 Days Notice Required for Full Refund, Less a \$25 Administrative Fee.

Less than 7 days notice, no refund.