PARTICIPANT REGISTRATION FORM

(September 2022 - June 2023 Season)

	PARTICIPANT NAME	DATE OF BIRTH (MM-DD-YYYY)	AGE	SCHOOL / GRADE	Allergies / Medical situation	SHIRT SIZE YS/YM/YL/AS/ AM/AL/AXL
1						-
2						-
3						-

HOME PHONE: **PARISH:**

ADDRESS:

CITY: **POSTAL CODE:**

PARENT / GUARDIAN NAME:

E-MAIL: **CELL:**

PARENT / GUARDIAN NAME:

E-MAIL: **CELL:**

IMPORTANT: I understand and agree that the success of the Challenge program for my daughter, depends on every mother's active participation and commitment. Therefore, I agree to volunteer and participate in weekly meetings at least 1 Friday / month.

MOTHER'S SIGNATURE: _____

Schedule of Fees for Meetings:

	Payment Due	# of Girls: 1	# of Girls: 2	# of Girls: 3
1 Payment Plan ☐	September 16, 2022	$225	$400	$600
3 Payment Plan ☐	September 16, 2022	$75	$150	$200
	October 7, 2022	$75	$125	$200
	November 4, 2022	$75	$125	$200

Cheques should be made payable to "Challenge Milton" **OR** e-transfer to challengeinmilton@gmail.com

Registration forms with postdated cheques can be dropped off at **Holy Rosary Church Parish** office **OR** mailed to: **Nazneen Duarte**, 10756 First Line Nassagaweya, Moffat, ON. L0P 1J0
Ph.: (905) 636-1308

Email: challengeinmilton@gmail.com **Website:** www.challengemilton.com

Meetings held at:
Queen of Heaven Catholic Elementary School
311 Savoline Blvd., Milton, ON L9T 7M4

Sponsored by Regnum Christi, Love Christ, Serve People, Build the Church

PERMISSION TO PARTICIPATE IN CLUB ACTIVITIES

Challenge Milton, Ontario, Canada

CLUB NAME: Challenge Milton **DATES:** September 2022 – June 2023

1. **CHILD'S NAME**:

DATE OF BIRTH: **HEALTH CARD #**:

2. **NATURE OF ACTIVITIES**: Formation in Catholic faith and virtue combined with apostolic projects, online activities, recreational activities.

3**. ACTIVITY SUPERVISOR(S**): Adult Volunteer Staff of the club/program.

4. **TRANSPORTATION**: Not Applicable. Participants are responsible for securing their own transportation to and from club activities, as Challenge Milton does not provide transportation.

5. **REQUIREMENTS**: The child named above is in good health and has no physical or medical limitations that would cause the activities as described above to be detrimental or dangerous to the child**. Parents/guardians should specify allergies and medical problems in section 9 below.**

6. **CONSENT**: I/We hereby consent to the above-named child's participation in the activities described above, and specifically request that she be allowed to participate in those activities. I/We warrant that I/We have full authority to legally consent to her participation in the activities described on this form, and all provisions contained herein.

7. **AUTHORIZATION**. I/We hereby authorize Challenge Milton to use the image and likeness of my/our child in photograph or video form whether taken by or commissioned by Challenge Milton in its promotional materials and for its promotional purposes associated with its non-profit activities. This authorization shall extend to use of my/our child's image and likeness on the website of Challenge Milton or its successor in operation or affiliated organization(s) upon written consent of Challenge Milton. I/We understand that this authorization shall survive the end of my/our child's participation in the activities referenced on this form.

8. **INSURANCE**: I/We understand that Challenge Milton does not carry any insurance relative to the activities or for any injury that may occur to the above-named child. I/We represent that the child is (a) covered by insurance through my/our own insurance carrier; or (b) that I/We am/are personally financially responsible for any and all medical costs incurred as a result of the child's injury.

9. **EMERGENCIES**: If the above-named child requires any emergency medical procedures or treatments during the activities, I/We consent to the activity supervisor(s) taking, arranging for or consenting to such procedures or treatments in the discretion of the activity supervisor(s). For purposes of such procedures and treatments, my/our child's blood type is and **my/our child has the following allergies or other medical problems (if any):**

10. **RELEASE AND INDEMNIFICATION**: I/We release and waive, and further agree to indemnify, hold harmless or reimburse Challenge Milton, the individual members, agents, directors, officers, employees, volunteers and representatives thereof, as well as activity supervisors, from and against any claim which I, any other parent or guardian, any sibling, the above-named child, or any other person, firm or corporation may have or claim to have, known or unknown, directly or indirectly, for any losses (including attorneys' fees incurred by Challenge Milton or any of its individual employees, agents, volunteers, etc. in enforcing this indemnity provision) without limitation in time or amount, damages or injuries arising out of, during, or in connection with my/our child's participation in the activities, the travel to and there from, and the rendering of emergency medical procedures or treatment, if any. I/We understand that this release and indemnification shall survive the end of my/our child's participation in the activities referenced on this form and shall have no limitation in time or amount.

11. If, in the event of a medical or other emergency, I/We am/are unable to be reached by telephone at my/our home or work telephone numbers listed below, I/We authorize the activity supervisor(s) to attempt to contact me/us through the emergency contacts listed below.

Emergency Contacts (Other than parents):

(a) Name: Relation: Phone:

(b) Name: Relation: Phone:

I/We have read and understand the above and agree to all terms and conditions contained therein. **DATE:**

_____ _____

Parent/Guardian Signature
Name:
Cell Phone:
E-mail:
Address:

Home Phone:

Parent/Guardian Signature
Name:
Cell Phone:
E-mail: