



Registration Form

January - June 2021

Participant Information:			
Name:		Gender:	Height:
Date of Birth:		Weight:	Age:
School:		Grade:	
Do you have a sibling registering for the Multisport program? Yes		No	If yes, what is their name? _____
Parent/ Guardian Information:	Primary Contact:	Secondary Contact:	
Name:			
Phone: (H)			
(W)			
(C)			
Email:			
Mailing Address (with postal code):			
Emergency Contacts:	Primary Contact:	Secondary Contact:	
Name:			
Phone: (H)			
(W)			
(C)			
Waivers (Please fill out each section to help us make your child's experience as safe and enjoyable as possible):			
<p>Photo Release: A Picture is worth a thousand words! During this program, photos may be taken for media or marketing purpose. Please indicate whether or not you grant permission for photos of your child to be taken and used for media/marketing purposes during this program.</p> <p>I give permission for my child's photo to be taken. Signature: _____</p> <p>I do not give permission for my child's photo to be taken during the program.</p>			
<p>Elements of Risk: Children will be participating in physical activities such as running, sports, and games, which contain certain elements of risk; such as scrapes, falls, and bruises. While participating in these activities, accidents may occur, resulting in injury to your child. By allowing your child to participate in the Lunenburg County Multisport program organized by the Municipality of the District of Lunenburg and local Community Sport Organizations, you are assuming the risk for any accident involving your child or any injury incurred by your child. By allowing your child to participate in sport activities, you have assumed the responsibility for any accident that may occur to your child. The Municipality of the District of Lunenburg does not provide any accidental death, disability, dismemberment, or medical expenses insurance on behalf of the children or adults participating in these events.</p> <p>Acknowledgement: I have read the above; I understand that in participating in Lunenburg County Multisport activities, I am assuming the risk associated with doing so.</p>			
Signature: _____		Date: _____	
Pick Up Authorization:			
The following individuals are authorized to pick up _____ (Participants name)			
Name:		Guardian's Signature:	
Phone Number:		Witness:	

Medical Information:						
Allergies / Health Conditions:						
Description of reactions or symptoms:						
Other medical, behavioral or physical conditions to note that would aid our staff in working with your child?						
Name of Doctor:		Phone:				
Health Card Number:		Expiry:				
<p>I declare that the above information in the 'Medical Information' section is true and accurate. I am aware that I must bring any medication, both prescription and non-prescription in its original over the counter packaging to a staff member who will place it in a medical box. I agree and am aware that, in case of emergency, a verbal agreement between myself and a staff member of the Municipality of the District of Lunenburg will be binding.</p> <p style="text-align: center;">Signature: _____ Date: _____</p>						
Sport Specific Information:						
T-shirt Size (Youth Sizes), Please select one:		XS	S	M	L	XL
Yes	No	Does your child have a bike?		If no , please provide an estimated bike size _____		
Yes	No	Do they have a bike helmet?		Helmet size (please select) Small Medium Large		
Does your child have a hockey helmet? Yes No		Do they have hockey gloves?		Yes	No	
If no , please provide an estimated size (please select)		Do they have elbow pads?		Yes	No	
Small	Medium	Large				
Please describe your child's swimming experience and indicate any recently completed swim levels below:						
Payment Options:						
Those registered will have until 5:00pm on Friday, January 8 th to submit payment (see options below). If a participant is registered but payment is not received by Friday, January 8 th , the participant's spot will be given to the first person on the waiting list.						
Option 1: Submit \$225 cash or cheque by January 8 th , 2021, payable to the Municipality of the District of Lunenburg .			Option 2: Submit post-dated cheques dated January 8 th (\$75), March 12 th (\$75) and May 14 th (\$75) by January 8 th at 5:00pm, payable to the Municipality of the District of Lunenburg .			
Option #3: This program is eligible for PRO Kids, Jumpstart, and KidSport Funding. Contact the Municipality of the District of Lunenburg for application forms.			Option #4: Please let us know if, for any reason, you need to make other arrangement.			
If you are making payment to the District of Lunenburg Recreation Department and the staff are away from the office, please leave your payment in an envelope marked 'Recreation Department' in the drop box.						

Questions with registration or would like to drop off your completed form?
Please contact: **Municipality of the District of Lunenburg Recreation Department**
10 Allée Champlain Drive | Cookville, NS | B4V 9E4
P: (902) 541-1343 or E: lunenburgcountymultisport@gmail.com

