



Registration Form

January - June 2022

Participant Information:					
Name:		Sex:		Height:	
Date of Birth:		Weight:		Age:	
School:		Grade:			
Do you have a sibling registering for the Multisport program?		If yes, what is their name?			
Y <input type="checkbox"/> N <input type="checkbox"/>					
Parent/ Guardian Information:	Primary Contact:		Secondary Contact:		
Name:					
Phone:	(H)		(H)		
	(W)		(W)		
	(C)		(C)		
Email:					
Mailing Address (with postal code):					
Emergency Contacts:	Primary Contact:		Secondary Contact:		
Name:					
Phone:	(H)		(H)		
	(W)		(W)		
	(C)		(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>					
<input type="checkbox"/> I give permission for my child's photo to be taken.		Signature			
<input type="checkbox"/> I do not give permission for my child's photo to be taken during the program.					
<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 individual(s) are authorized to pick up (Participants name)					
Name:			Name:		

Phone Number:		Phone Number:	
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:	
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.			
Signature		Date	
Sport Specific Information:			
T-shirt Size (Youth Sizes), Please select one:		<input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL	
Does your child have a bike (please select)?	<input type="checkbox"/> Y <input type="checkbox"/> N	If no, please provide estimated size	
Do they have a bike helmet (please select)?	<input type="checkbox"/> Y <input type="checkbox"/> N	No? Bike Helmet needed? Size?	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L
Do they have a hockey helmet (please select)?	<input type="checkbox"/> Y <input type="checkbox"/> N	No? Hockey Helmet needed? Size?	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L
Do they have hockey gloves (please select)?	<input type="checkbox"/> Y <input type="checkbox"/> N	Do they have elbow pads (please select)?	<input type="checkbox"/> Y <input type="checkbox"/> N
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 Thursday, February 24 to submit payment. If a participant is registered but payment is not received by Thursday, February 24, the participant's spot will be given to the first person on the waiting list.			
Option 1: Submit \$200 cash or cheque by February 24, 2022, payable to the Municipality of the District of Lunenburg.		Option 2: Submit post-dated cheques dated February 24 (\$75), April 7 (\$75) and June 2 (\$50) by February 24 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.			

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

