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Program Registration Information

Please fill out all of the information on this form!

Child's Name: _____

Address: _____ City: _____

Postal Code: _____ Date of Birth: _____

Home Phone #: _____

E-mail: _____

Parent/Guardian: _____ Work #: _____

Cell #: _____

Parent/Guardian: _____ Work #: _____

Cell #: _____

Emergency Contact (other than parent): _____

Phone #: _____ Relationship to Child: _____

Doctor's Name: _____ Phone #: _____

Dentist's Name: _____ Phone #: _____

(over)

Disclaimer

I agree to have my child photographed at Waterford Heritage & Agricultural Museum and give my permission to allow these photos to be used in brochures and promotional materials for the museum, the museum website and the newspaper.

Parent/Guardian Signature: _____ **Date:** _____

I hereby release and forever discharge Norfolk County and Waterford Heritage & Agricultural Museum for all actions, claims, damage, and demands arising by reason of my child's participation in Waterford Heritage & Agricultural Museum children's programming.

Parent/Guardian Signature: _____ **Date:** _____

Medical Information

Note any Allergies: _____
(food, insects, medications)

Is there anything we should be aware of? (developmental delays, physical challenges, etc.)?

Medical Release

If at any time, due to circumstances such as an accident, sudden illness or emergency, and medical treatment is required (and you cannot be contacted), care may be given by private physician or hospital. I also consent to emergency transportation by ambulance if necessary. I realize I will be held financially responsible for all transport and medical costs incurred.

Parent/Guardian Signature: _____ **Date:** _____

Review and Update of Information

Date: _____ Initials: _____

Date: _____ Initials: _____

Date: _____ Initials: _____

Personal information is collected under the authority of the Municipal Act, R.S.O 1190, C.F. 31 and will be used for the purpose of registering and confirming participation in a museum program and, if required seeking medical assistance for the participant. Questions about the collection of this personal information should be directed to:

Records Management/F.O.I. Co-ordinator at 519-426-5870, ext 1261.