



**City of North Bay After School Program Registration Form**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
City/Town \_\_\_\_\_ Postal Code \_\_\_\_\_

E-mail address: \_\_\_\_\_ Health Card #: \_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (B) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: (H) \_\_\_\_\_ (B) \_\_\_\_\_

**Participant Medical Information**

Doctor's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

1) Do you have any allergies? YES or NO ( Please list food allergies)

If YES, please list:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) Do you have a disability that you would like the City of North Bay staff to be aware of to help ensure your safety and comfort? YES or NO

If YES, please list:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3) Do you require having medication on your person at all times? (i.e. Epi pen, etc)

YES or NO

If YES, please list:

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### Photo Release Form

During the course of our activities there may be time when photographs may be taken of your child(ren). These photo's may be used for publicity purposes or may appear in local newspapers. Please check one of the following options:

\_\_\_\_\_ **I DO NOT** authorize the City of North Bay to use photo's of my child for publicity purposes

\_\_\_\_\_ **I DO** authorize the City of North Bay to use photo's of my child for publicity purposes and

I hereby authorize the City of North Bay to publish photographs taken of persons under my legal guardianship for use in print, online and municipal publications. I acknowledge that their participant is voluntary and that neither I nor the minor children will receive any financial compensation for use of these photographs. I further agree that my wards participation in any publication, photo, or website confers upon me or my child no rights to ownership of the original photo or the forum in which it was used. I hereby release the City of North Bay from any liability or third party claims regarding the use of these photographs.

Participant Name: \_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**If you require any further information please contact Gabrielle Charlebois at 705-474-0400 ext 2338 or by e-mail at [gabrielle.charlebois@cityofnorthbay.ca](mailto:gabrielle.charlebois@cityofnorthbay.ca)**