



2017 Registration Form

PARTICIPANT'S INFORMATION

Child's First Name	Last Name	Birth Date DD/MM/YY	Age	Gender F / M
Child resides with	Medicare Number - -	Expiry Date /		

FAMILY/GUARDIAN INFORMATION

Home Phone	Email			
1. Parent/Guardian	First Name	Last Name	Cell Phone	Work Phone
2. Parent/Guardian	First Name	Last Name	Cell Phone	Work Phone
Family Address	Apt/Unit	City/town	Postal Code	

ADULT EMERGENCY & AUTHORIZED PICK- UP CONTACT INFORMATION

Please provide the names of two adults (in addition to parents listed above) who are allowed to pick up your child. Only adults indicated on this form will be allowed to pick up your child from program. Proof of identification may be requested by NLM staff.

1. First Name	Last Name	Cell Phone	Work Phone	Relationship to Member
2. First Name	Last Name	Cell Phone	Work Phone	Relationship to Member

HOW WILL YOUR CHILD GET HOME FROM NEW LIFE MISSION

I will pick up my child.

Authorized adult will pick up my child.

On his her own: My child has permission to walk to program on his/her own.

MEDICAL INFORMATION

Does your child have special needs, medical conditions or allergies? Yes No
If yes, please describe:

EMERGENCY MEDICAL WAIVER

I authorize the treatment by a qualified and licensed medical doctor for in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. I authorize medical treatment under emergency circumstances in my absence. This authority is granted only after a reasonable effort has been made to reach me.

Parent/Guardian Signature:

Date:



WAIVERS, DISCLAIMERS & CONSENT

Photograph & Media Release

- I hereby give New Life Mission (NLM) and its Board Members consent to use and reproduce my child's image for promotional purposes related to New Life Mission. My child's image may be published or used in newspapers, promotional videos, program brochures, posters, on World Wide Web, social media or otherwise displayed to the public or used for other educational, fundraising purposes, either in whole or in part by New Life Mission. I release New Life Mission and its Board Members from any and all claims, of any nature, based on any uses of the above.

OR

- I **do not** give my permission for my child to be photographed.

Liability Waiver

- I, the parent/guardian of _____ give permission for him/her to participate in the programs of New Life Mission, and consent to any necessary first aid or emergency medical treatment being given or provided for the child, waive any claims against the New Life Mission, the Board Members, or any of the New Life Mission representatives, employees or volunteers, in respect to any personal injury to such child or to any other person or any loss of or damage to property, arising in any way at, from or in connection with the programs and services of New Life Mission. I am providing this waiver on behalf of such child and on behalf of my spouse and any other family members or other persons who might be entitled to assert such a claim as well as on my own behalf.

Code of Conduct

Our goal is to provide a fun, safe, secure and enriching environment for your child at New Life Mission. As a result, all participants are expected to follow the **Code of Conduct** while engaging in formal and informal activities, functions, & programs. Your child is expected to behave appropriately at all times, respecting the rights of others. Parents/Guardians please review the following **Code of Conduct** with your child and make sure they understand the expectations.

I will:

- Show respect to staff and cooperate fully with their instructions.
- Participate appropriately. I will not disrupt the program and hinder the New Life Mission experience of others.
- Remain with my program group at all times and not leave the Mission without special permission.
- Promote a spirit of inclusion and welcome participation of individuals from all backgrounds. I will practice fair-mindedness by being open to ideas and opinions of others.
- Show respect to other participants and treat them as well as I would like to be treated. I will not tease or show unkind behaviors towards others.
- Communicate in an appropriate manner; refrain from using foul language or gestures, harsh words or tone of voice.
- Act in a responsible manner and avoid risky (or unsafe) actions to ensure a safe environment for myself and others.
- Refrain from deliberately causing bodily harm to other participants or staff. I understand that pushing, kicking, hitting or fighting are not acceptable and will not be tolerated.
- I will respect the property of others. I will not use, abuse, or take another individual's personal belongings.
- Use the program equipment, supplies and facilities properly. I will not cause willful damage.
- Refrain from using PDA (public displays of affection) in or around the Mission.
- Dress in a manner that is appropriate, tasteful and respectful to me and others. I will avoid clothing and accessories that depict violence, sex, drugs, alcohol, tobacco, death, gangs or other offensive or obscene pictures or language.
- Refrain from the use of electronic devices which are not a part of my program experience (CD players, Mp3, laptops etc.) unless special permission is granted (the Mission is not responsible for lost or stolen items - valuables should be left at home).
- Not have in my possession, any weapon or dangerous item(s).
- Not have in my possession, alcohol or drugs.
- Refrain from smoking on the NLM property or neighboring properties.

I am fully responsible for my actions and understand that failure to follow this *Code of Conduct* will result in my parent/guardian being notified and I will be asked to leave the program for that day. After three such occurrences, I will be asked not to return to the Mission for an extended period of time.

- I have read the code of conduct and have reviewed them with my child.

Parent/Guardian Signature:

Date: