

**Sunbury Shores Arts and Nature Centre - After School Program Fall 2022
for Milltown Elementary, Black’s Harbour Elementary and Grand Manan Community School Consent and Release Form

PLEASE PRINT CLEARLY**

**Child’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Parent / Legal Guardian Name (first / last) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best contact phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2nd contact phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail address:

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2nd Contact Name: (in case person named above cannot be reached): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best contact number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2nd Contact number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional persons who may be permitted to pick-up my child: (Name and relationship to child)

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

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

I understand that there are certain risks of play that may result in damages and injuries in the participation of my child during these activities and I hereby accept these risks on behalf of my child. I hereby certify that my child is fully capable of participating in physical and playground/area activities and that my child is healthy and has no unknown/hidden physical or mental disabilities or infirmities that would restrict his/her full participation in such activities.

Please list any and all restrictions below that may affect your child’s physical participation that we should be aware of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

I hereby, for myself and on behalf of my child, agree to save and hold harmless and fully indemnify Sunbury Shores Management and Staff, on the account that all normal safety procedures have been taken on behalf of Management and Staff, from any and all liability for any personal injury or injury to any third-party child resulting from my child’s actions/participation in the after school program activities. I hereby release Sunbury Shores and its entire staff from any and all liability, on the account that all normal safety procedures have been taken on behalf of Management and Staff, for any injuries that my child may sustain as a result of any activities taken place at the above-mentioned locations during the designated after school program hours for the duration of my child’s time enrolled at Sunbury Shores After School Program.

Child’s Additional Special Needs not listed above: (MEDICAL, DIETARY, ALLERGIES - PLEASE EXPLAIN BRIEFLY)
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
I certify that I have adequate medical coverage for any medical services that may be required while my Child or children are participating in activities at Sunbury Shores.

In the event that my Child requires medical care, and I cannot be reached, or the emergent circumstances do not allow time to reach me, I authorize Sunbury Shores to obtain for my Child such medical services as are deemed necessary. I understand and agree that Sunbury Shores does not assume any responsibility for any injury or damage which might arise out of or in connection with such emergency medical treatment.

 I understand that photographs, video recordings or audio recordings may be taken of my Child or children during our participation in Sunbury Shores activities and I agree that Sunbury Shores may use, publish and distribute any such photographs, video and/or audio recordings my Child and that I will not receive any payment or other compensation for such use.

 Further, I understand that such photographs, video and/or audio recordings, may be used in any media, including on the Web and in printed materials, in connection with efforts publicizing, promoting or otherwise directly related to the objectives of Sunbury Shores.

 I have made arrangements to secure timely pick up of my child at the conclusion of each scheduled participation date. I understand that late pickup may result in discontinued participation in the program.

Participation Dates Being Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

behavior, etc.) must be promptly reported to the Sunbury Shores staff.

Thank you