

Weekday Warriors Registration Form

2019-2020

Child's Name: _____

Parent / Guardian Name: _____

Phone: _____ E-mail: _____

Mailing Address: P.O. Box _____ Town: _____

Province _____ Postal Code _____

Weekday Warriors run from Monday - Friday from 3:00pm-5:00 pm for ages 5 - 12. The cost is \$15 per day. Register by e-mailing youthcentre@nelson.ca or call 250-352-5656. Please note, space is limited and some dates may not be available depending on registration.

Please check the dates your child will be attending:

SEPTEMBER 2019						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

OCTOBER 2019						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

NOVEMBER 2019						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

DECEMBER 2019						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				



Nelson & District Youth Centre

JANUARY 2020						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

FEBRUARY 2020						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29

MARCH 2020						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

APRIL 2020						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

MAY 2020						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

JUNE 2020						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

Parental Consent Form/Release of Liability

Thank you for choosing to use the facilities, services and programs of the *NDYC*. We request your understanding and cooperation in maintaining both your child's and our health and safety by reading and signing the following *Parental Consent Form*.

Child's Last Name: _____

Child's First Name: _____

Child's Date of Birth: _____

Child's Home Address: _____

Name of Program Child is attending: _____

I consent to my child's participation in the above program. I am aware that there are risks associated with my child's participation in the above program, including the risk of injury, and I consent to have my child participate in the program in spite of such risks. I acknowledge that I have inquired about the nature of the activity, program or service and that I am not completely familiar with and I have been informed of any inherent risks.

I allow my child to partake in any off site activities and allow them to ride the bus, trolley or walk to the destinations.

In the event that my child required medical attention, I consent to my child being transported to the nearest emergency center, including by ambulance if necessary, I accept that I am responsible for any such costs of an ambulance.

I acknowledge that it is my responsibility to advise City staff members of any medical or other condition that may affect my child's participation in the above program.

I further understand that personnel who may not be licensed, certified, or registered instructors or professionals conduct the activities. I accept the fact that the skills and competencies of some employees and/or volunteers will vary according to their training and experience and that no claim is made to offer assessment or treatment of any mental or physical disease or condition by those who are not duly licensed, certified or registered and herein employed to provide such professional services.

I give _____ **Do not give** _____ (please check one item) permission to have the City of Nelson and /or its community partners to take and use photographs of the above mentioned child for any marketing or promotional items.

I have read the Parental Consent/ Release of Liability form, understand and accept its terms.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature _____

Date: _____

This portion of the form is to be filled out for children and youth day camps and out trips, and must be submitted prior to your child starting the program or activity.

Emergency Contact Name (1) : _____ Phone: _____
Emergency Contact Name (2) : _____ Phone: _____

Please list any medical conditions your child may have (Allergies, injuries etc...)

****Please note that the responsibility for taking proper doses of medication cannot be assumed by staff and remains the sole responsibility of the parent****

Family Doctor Name: _____
Phone Number: _____
MSP Number: _____

My child will: Walk home after Be picked up by a parent/guardian
Who other (other than the parent/guardian listed above) has consent to pick up your child after the program?

Name _____	Phone _____
Name _____	Phone _____
Name _____	Phone _____

Is there any other information that will help your child be successful with our programs?