

Conductive Education® CP Play Group Registration

Fall 2018

| Contact Information (please fill out completely) | | | | | |
|--|-----------|---|--------------|--|--|
| Participant's First Name: | | Participant's Last Name: | | | |
| Date of Birth (mm/dd/yy): | | Gender: ☐Male ☐Female | | | |
| Address: | | | | | |
| City: | Province: | | Postal Code: | | |
| Parent(s)/Guardians(s) Information | | | | | |
| Mother/Guardian Name: | | Father/Guardian Name: | | | |
| Phone: | | Phone: | | | |
| E-mail: | | E-mail: | | | |
| Emergency Contact(s) Information | | | | | |
| #1 – Name of Contact: | | #2 – Name of Contact: | | | |
| Relationship to child: | | Relationship to child: | | | |
| Phone: | | Phone: | | | |
| Medical History | | | | | |
| Primary condition(s), Diagnosis: | | Method of referral: | | | |
| Allergy: | | Seizure/epilepsy: _Yes _No If yes, please describe frequency, length and type: | | | |
| Hips | | | | | |
| ☐ To my best knowledge, my child`s hips are in place and functioning satisfactorily ☐ I give permission for my child to be involved in all task series which are potentially important facilitators in his/her learning process ☐ I there are any movements which you aware of that may be harmful of painful for your child, you are required to inform the Conductors prior to the start of the program. | | | | | |
| Name of signatory: | | Relationship to child: | | | |
| Signature: | | Date: | | | |
| Conductor's signature: | | Date: | | | |



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Liability, No Action, Indemnity Clauses: Release

Please read and sign the following Exclusion of Liability, No Action and Indemnity clauses. By signing below, your will waive certain legal rights, including the right to sue. Please read carefully.

In consideration of the services to be provided to me by March of Dimes Canada, I hereby agree as follows:

- 1. EXCLUSION OF LIABILITY--not to hold March of Dimes Canada, their members, directors, volunteers, officers, agents, representatives, employees, or assigns ("Releases"), or any of them, liable for any losses, damages or injuries that I may suffer, whether to person or property, howsoever caused, including negligence, breach of contract and breach of any statutory duty or other duty of care, on the part of the Releases, or any of them;
- 2. NO ACTION--not to bring any action, proceedings or claims against the Releases, or any of them, for any losses, damages or injuries that I may suffer, whether to person or property;
- 3. INDEMNITY--to indemnify and hold harmless the Releases and each of them from and against all claims, actions, costs, expenses and demands brought by any person in respect of death, injury, loss or damage, whether to person or property, resulting directly or indirectly from my participation with the Releases and the delivery of the projects and services of March of Dimes Canada.

| Declaration and Signatures | | | | |
|--|------------|-------|--|--|
| ☐ I have read and understood this agreement, and I am aware that, by signing this agreement, I am waiving certain legal rights which I or my heirs, next of kin, executors, administrators, and assigns may have against the Releases. | | | | |
| ☐I hereby release and hold harmless all March of Dimes Canada and any and all other funding or organizations and sources, the owners and/or operators of any facilities utilized and any providers/ conductors of instruction, the agents and employees of any of these parties, from all liability and claims for any injuries or accidents to myself, as well any damages from any cause to any personal property that may occur while participating in the said Conduction Education ® Program. | | | | |
| Participant/Parent/Guardian Name: | Signature: | Date: | | |
| Name of Witness (print): | Signature: | Date: | | |
| Name of MODC/OMOD Representative: | Signature: | Date: | | |



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Privacy Statement

March of Dimes Canada is committed to handling any personal information that we may collect concerning you and your family member(s) in a professional, respectful, and lawful manner. March of Dimes Canada collects, uses, and discloses personal information in accordance with this privacy statement and our privacy policy. The personal information about you and your family member(s) is used for the purposes of:

- i) administering the Recreation program, including processing your application
- ii) contacting you about the status of your application
- iii) obtaining feedback about services you receive
- iv) providing information about to you and others
- v) complying with the laws and regulations that require the collection, use and disclosure of personal information in connection with the Recreation program.

The personal information collected about you and your family member(s) includes information supplied by you in your application and any additional or updated information which we may collect from you in the future.