

COMMUNITY CENTRE 55  
**Kids Night Out Event- Friday May 3, 2024**

Childs Name:

\_\_\_\_\_

Date of Birth:

\_\_\_\_\_

Custodial Parent #1(Person completing this form):

Name:

\_\_\_\_\_

Home Address:

\_\_\_\_\_

Home Phone:

\_\_\_\_\_

Cell Phone:

\_\_\_\_\_

Email:

**Custodial Parent #2:**

Name:

\_\_\_\_\_

Home Address:

\_\_\_\_\_

Home Phone:

\_\_\_\_\_

Cell Phone:

\_\_\_\_\_

Email:

**Emergency Contact:**

Name & relationship:

\_\_\_\_\_

Phone number:

\_\_\_\_\_

**HEALTH INFORMATION FORM**

**CHILD'S NAME:**

\_\_\_\_\_

Are there any concerns that we should be aware of so that we may assist your child in the enjoyment of our programme?

Are there any medical conditions?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please be specific:

\_\_\_\_\_

Is your child on medication?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please be specific:

\_\_\_\_\_

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Are there any psychological, social or behavioural issues?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please be specific:

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Does your child have a seizure disorder?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe any pre-seizure signs and/or symptoms:

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**ALLERGIES**

Does your child have an allergy to any of the following?

- Peanuts/Nuts       Gluten  
 Dairy               other

If other, please be specific:

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**I AGREE TO DISCLOSE ALL MY OF CHILDS CURRENT HEALTH INFORMATION FOR THEIR SAFETLY WHILE PARTICIPATING IN CENTRE 55'S PROGRAMMES**  
**PARENT/GUARDIAN SIGNATURE:**

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**WAIVER& INDEMNIFICATION**

In consideration of my child being permitted to participate in Community Centre 55's Programmes as a participant, I, myself, my heirs, my executors, my administrators, my successors and assigns do hereby remise, release and forever discharge, waive and save harmless, and agree to protect and indemnify the Corporation of the City of Toronto and all wholly owned or financially controlled organizations, firms, or corporations of which the name insured(s) has assumed or exercised management control on all now existing, which may hereafter exist or have existed, from and against any and all kinds of actions, claims, costs, expenses and demands in respect of death or of any injury, loss or damage, to my person or property however caused, arising out of my being permitted to attend at or in any way take part prior to, during or subsequent to the Community Centre 55 Programmes whether as a spectator, participant or otherwise and notwithstanding that the same may have been caused or contributed to by the negligence of any of the aforesaid, their servants, agents, officials or representatives.

Personal information will be collected for or by Community Centre 55 and will be used in the administration of Community Centre 55 Membership. Questions about the collection of information may be directed to Jade Maitland, 416-691-1113, Ext. 220.

**Signature:** \_\_\_\_\_

I, hereby permit Community Centre 55 the irrevocable right to use, as they see fit, for publicity, advertising or related purposes, my child's name, voice or physical appearance or any comments of my child's concerning Community Centre 55 Programs.

( ) Yes

( ) No

**Parent/Guardian Initial:**

\_\_\_\_\_

In the event that your child requires medical attention, Community Centre 55 will call 911 to arrange emergency medical assistance. Your child may be transported to a medical facility at which time Centre 55 will contact the custodial parents and emergency contact, if necessary. Custodial parents are responsible to pay for any charges incurred for transporting their child. ie: taxi, ambulance. Parent/Guardian Initial:

\_\_\_\_\_

Signing In and Out

**All children must be signed in and out by the same parent/guardian. Please Note: Children can be signed in and out by designated caregivers who are 16 years of age or older only.**

Please inform the Centre in writing of alternate pick up arrangements. A child will not be released to an unfamiliar adult without written notice from a parent or guardian. The person picking up needs photo I.D. All children must be picked up from the program no later than 8:30 p.m.

**Parent/Guardian Initial:** \_\_\_\_\_

**I understand that Community Centre 55 is not responsible for lost, stolen or damaged property belonging to me or my child.**

**Parent/Guardian Initial:** \_\_\_\_\_

**I HAVE READ AND UNDERSTAND ALL OF THE ABOVE, AND AGREE TO ALL TERMS AND CONDITIONS.**

**PARENT/GUARDIAN SIGNATURE:**

\_\_\_\_\_

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

**Payment Information:**

E-Transfer ( ) Send to [accounting@centre55.com](mailto:accounting@centre55.com) and refrence Kids Night Out

Cash ( ) Cheque ( ) VISA OR MASTERCARD ( )

Card Number \_\_\_\_\_

Expiry Date \_\_\_\_\_ CVV \_\_\_\_\_

