

REGISTRATION FORM AFTER SCHOOL PROGRAM

Name: _____

Birth date: _____ Age: _____ *must be 6yrs old to enroll*
Month/Day/Year

Address: _____
Street

City Province Postal Code

Email: _____

Parent or Guardian Name: _____

Home Phone Number Work Phone Number Mobile Phone Number

- ☐ Mondays (2 February – 23 March / no class 16 March)
☐ Thursdays (5 February – 26 March / no class 19 March)

Emergency Information

Emergency Contact: _____ Home Phone: _____

Relation to Child: _____ Work Phone: _____

Alternative Contact: _____ Home Phone: _____

Relation to Child: _____ Work Phone: _____

Health Card Number: _____ Version Code: _____

Doctor's Name: _____ Phone Number: _____

Allergies

Is your child allergic to any of the following?

☐ Drugs _____
☐ Foods _____
☐ Bee stings _____

Comments

☐ Animals _____
☐ Peanuts _____
☐ Other _____

Comments

Additional Health Information

Please state any physical or behavioural challenges that may be useful to the Staff.

Does your child receive any medication? ☐ Yes ☐ No

Illness/Condition	Medication	Dosage	Time of Day

Authorization

I understand that in registering my child for the After School Program, they will be involved in physical activities and with any physical activity; there is a risk of injury. In the event of an emergency, I authorize the physician in the emergency care facility selected by the staff to secure proper treatment for the child named above. _____
Initial

I give my permission for my child's photo to be used for publicity purposes. These photos may be taken during activities on CFB Borden that are part of the After School Program _____
Initial

Safe Arrival & Departure Program: All children must be signed in and signed out every evening. **Only** the parent/guardian who signed a child in will be permitted to sign them out unless otherwise stated on the sign-in/out form. Additional charges of \$5 for each 10 minutes past 5:30 pick-up will apply. _____
Initial

I have read and understand the epi-pen and medication procedures. _____
Initial

I understand that there are inclusion services available through PSP Community Recreation Department, however, should I require them for my child I must complete and submit an additional package, as the services are available on a first come first serve basis. Contact Recreation.Borden@CFMWS.com _____
Initial

This form may be duplicated. _____
Initial

Signature of Parent/Guardian: _____ Date: _____

SAFE DEPARTURE AUTHORIZED INDIVIDUALS AFTER SCHOOL PROGRAM

All children must be signed in and signed out every evening. Only the authorized individuals listed on this form will be permitted to sign a child out. Photo identification **MUST** be shown.

Child's Name: _____

PLEASE PRINT CLEARLY

FIRST AND LAST NAME	RELATIONSHIP TO CHILD	PHONE NUMBER	ALTERNATE PHONE NUMBER



PSP Community Recreation Participant Behavior Management Policy

PSP's expectation is that the participants enjoy the program and respect others in all activities. PSP takes a positive approach to managing behaviors; striving to be fair, reasonable, consistent and ensure the safety of everyone. When behavior issues arise, PSP makes every effort to help every participant be successful by implementing the following behavior management steps; the initial step taken is based on the severity of the behavior.

Step 1 - Counseling: When a discipline incident occurs, the participant will be counseled and given a description of the behavior change required. The program employee and the participant will discuss the situation and discover ways to redirect and problem-solve the behavior.

Step 2 - Time-Out/Break: If subsequent incidents occur, the participant may be asked to "Take a Break". A "Break" is a 5 to 10 minute period that the participant spends quietly reflecting on the incident. The program employee will discuss the expected behavior then have the participant rejoin the group/activity.

Step 3 - Parent/Guardian/Caregiver Contact: If a series of discipline situations occur, the participant's parent/guardian/caregiver will be contacted.

Step 4 - Suspension from program: A participant who continually disregards instructions or at any time displays negative behavior will be suspended for at least 1 day. The parent/guardian/caregiver will be contacted and required to pick the participant up before the end of program/class that day. Emergency contact person (s) will be called if parent/guardian/caregiver cannot be reached. A behavior improvement plan may be required for the participant to return to the program/class.

Step 5 - Termination from program: If the participant's behavior remains unacceptable then the parent/guardian/caregiver will be informed and the participant will be removed from the program and remaining weeks they are registered. Termination might include a longer ban from the facility or other programming. This decision should be made in consultation with the Senior Manager.

Extreme behavior will result in immediate termination from the program.

Under no circumstances will the following negative control techniques be used by PSP staff:

- Verbal abuse of any kind: Humiliation, threatening, swearing, harassment, yelling, sarcasm, discussion of child within any child's hearing and sight;
- Harsh discipline of any kind: Spanking, deprivation of food or washroom privileges, confinement, prolonged restraining, physical punishment;
- Sexually abusive/inappropriate behaviour; and
- Lack of Supervision: purposeful ignoring of Vulnerable Sector or leaving Vulnerable Sector unsupervised.

I, the parent/guardian, have read the above Participant Behavior Management Policy and understand the policy.

Name

Date:

Signature

Concussion Code of Conduct for **ATHLETES & PARENTS/GUARDIANS**

(for athletes under 18 years of age)



I will help prevent concussions by:

- ☐ Wearing the proper equipment for my sport and wearing it correctly.
- ☐ Developing my skills and strength so that I can participate to the best of my ability.
- ☐ Respecting the rules of my sport or activity.
- ☐ My commitment to fair play and respect for all (respecting other athletes, coaches, team trainers and officials).*

I will care for my health and safety by taking concussions seriously, and I understand that:

- ☐ A concussion is a brain injury that can have both short- and long-term effects.
- ☐ A blow to my head, face or neck, or a blow to the body that causes the brain to move around inside the skull may cause a concussion.
- ☐ I don't need to lose consciousness to have had a concussion.
- ☐ I have a commitment to concussion recognition and reporting, including self-reporting of possible concussion and reporting to a designated person when and individual suspects that another individual may have sustained a concussion.* *(Meaning: If I think I might have a concussion I should stop participating in further training, practice or competition **immediately**, or tell an adult if I think another athlete has a concussion.)*
- ☐ Continuing to participate in further training, practice or competition with a possible concussion increases my risk of more severe, longer lasting symptoms, and increases my risk of other injuries.

I will not hide concussion symptoms. I will speak up for myself and others.

- ☐ I will not hide my symptoms. I will tell a coach, official, team trainer, parent or another adult I trust if I experience **any** symptoms of concussion.
- ☐ If someone else tells me about concussion symptoms, or I see signs they might have a concussion, I will tell a coach, official, team trainer, parent or another adult I trust so they can help.
- ☐ I understand that if I have a suspected concussion, I will be removed from sport and that I will not be able to return to training, practice or competition until I undergo a medical assessment by a medical doctor or nurse practitioner and have been medically cleared to return to training, practice or competition.
- ☐ I have a commitment to sharing any pertinent information regarding incidents of removal from sport with the athlete's school and any other sport organization with which the athlete has registered.* *(Meaning: If I am diagnosed with a concussion, I understand that letting all of my other coaches and teachers know about my injury will help them support me while I recover.)*

Sample Concussion Code of Conduct for

ATHLETES & PARENTS/GUARDIANS

(for athletes under 18 years of age)



I will take the time I need to recover, because it is important for my health.

- ☐ I understand my commitment to supporting the return-to-sport process.*
(I will have to follow my sport organization's Return-to-Sport Protocol.)
- ☐ I understand I will have to be medically cleared by a medical doctor or nurse practitioner before returning to training, practice or competition.
- ☐ I will respect my coaches, team trainers, parents, health-care professionals, and medical doctors and nurse practitioners, regarding my health and safety.

By signing here, I acknowledge that I have fully reviewed and commit to this Concussion Code of Conduct.

Athlete:

Parent/Guardian:
*(of athletes who are
under 18 years of age)*

Date:

If your sport organization has adopted policies regarding (a) zero-tolerance (b) mandatory disqualification for illegal play that is considered high risk for causing concussions and (c) escalating consequences for violation of the Concussion Code of Conduct, please read and commit to the following section. If the following section does not apply to your sport organization, please disregard.

I can help prevent concussions, through my:

- ☐ Commitment to zero-tolerance for prohibited play that is considered high risk for causing concussions.*
- ☐ Acknowledgement of mandatory expulsion from competition for violating zero-tolerance for prohibited play that is considered high risk for causing concussions.*
(Meaning: I will be disqualified/expelled from play if I violate the zero-tolerance policy).
- ☐ Acknowledgement of the escalating consequences for those who repeatedly violate the Concussion Code of Conduct.*



RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

WARNING! Please read carefully. By signing this document, you will waive certain legal rights – including the right to sue

I have read and agree to be bound by statement above.	Signature
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1. This is a binding legal agreement. Clarify any questions or concerns before signing
2. As a participant in the activities, programs, classes, services provided and events sponsored or organized by Canadian Forces Morale and Welfare Services:
 - a. PSP
 - b. CFB Borden
 - c. Ontario

including but not limited to: self-led activities, virtual and online activities, instructional sessions or lessons, practices competitive activities including game play, travel, equipment use or loan, indoor and outdoor activities and facilities, strength training and fitness conditioning and performances (collectively the "Activities"), the undersigned acknowledges and agrees to the following terms outlined in this agreement:

Disclaimer

3. In consideration of my participation in or attendance at these Activities, I, on behalf of myself, personal representatives, heirs, spouse, children or assigns, do hereby waive, release and forever discharge His Majesty the King in Right of Canada, His officers, servants, agents, employees, volunteers, officials, participants, agents, sponsors and members of his Canadian Forces, Staff of the Non-Public Funds and the Canadian Forces Morale and Welfare Services, its officers, servants, agents and employees, volunteers, officials, participants, agents, and sponsors (collectively the "Organization") from and against all claims and demands, loss, costs, damages, actions, causes of action, suits or other proceedings by whomsoever made, brought, or prosecuted in a manner, related to any loss, property damage, personal injury or death, resulting from, occasioned by or attributable in any way to my acts or omissions resulting from my participation in or attendance at this Activities in any manner whatsoever including, but not limited to, the negligence of the Organization, either collectively or individually.

I have read and agree to be bound by paragraphs 1, 2 and 3.	Signature
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Description and Acknowledgement of Risks



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4. I understand and acknowledge that:

- a. The Activities have foreseeable and unforeseeable inherent risks, hazards and dangers that no amount of care, caution or expertise can eliminate, including without limitation, the potential for serious bodily injury, permanent disability, paralysis and loss of life;
- b. I am responsible for my own code of conduct and behavior during the Activities and will follow safety guidelines including the recommendation by the Organization of the wearing of personal protective equipment (where applicable) ;
- c. The Organization has a difficult task to ensure safety and it is not infallible. The Organization may be unaware of my fitness or abilities, may misjudge weather or environmental conditions, may give incomplete warnings or instructions, and the equipment being used might malfunction; and
- d. The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization and COVID-19 is extremely contagious. The Organization has put in place preventative measures to reduce the spread of COVID-19; however, the Organization cannot guarantee that I will not become infected with COVID-19. Further, participating in the Activities could increase my risk of contracting COVID-19.

5. I am participating voluntarily in the Activities. In consideration of my participation, I hereby acknowledge that I am aware of the risks, dangers and hazards associated with or related to the Activities. The risks, dangers and hazards include, but are not limited to:

- a. Health (physical and mental): executing strenuous and demanding physical techniques, physical exertion, overexertion, stretching, dehydration, fatigue, cardiovascular workouts, psychological harm, rapid movements and stops, lack of fitness or conditioning, traumatic injury, bacterial infections, rashes, and the transmission of communicable diseases, including viruses of all kinds, COVID-19, bacteria, parasites or other organisms or any mutation thereof;
- b. Premises: defective, dangerous or unsafe condition of the facilities; falls; collisions with objects, walls, equipment or persons; dangerous, unsafe, or irregular conditions on floors, ice, or other surfaces, extreme weather conditions; travel to and from premises;
- c. Use of Equipment: mechanical failure of the equipment; negligent design or manufacture of the equipment; the provision of or the failure by the Organization to provide any warnings, directions, instructions or guidance as to the use of the equipment; failure to use or operate the equipment within my own ability;
- d. Contact: contact with equipment, vehicles, or other persons, and may lead to serious bodily injury, including but not limited to concussions and/or other brain injury, or serious spinal injury;
- e. Advice: negligent advice regarding the Activities;
- f. Ability: Failing to act safely or within my own ability or within designated areas;



RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

- g. Cyber: privacy breaches, hacking, technology malfunction or damage;
- h. Conduct: My conduct and conduct of other persons including any physical altercation between participants;
- i. Travel: Travel to and from the Activities;
- j. Negligence: My negligence and negligence of other persons, including negligence on the part of the Organization, either collectively or individually, may increase the risk of damage, loss, personal injury or death. I understand that the Organization, either collectively or individually, may fail to safeguard or protect me from the risks, dangers and hazards of the Activities, some of which are referred to above.

I have read and agree to be bound by paragraphs 4 and 5.

Signature

Terms

6. In consideration of the Organization allowing me to participate in the Activities, I agree:

- a. That when I practice or train in my own space, I am responsible for my surroundings and the location and equipment that I select;
- b. That my mental and physical condition is appropriate to participate in the Activities and I assume all risks related to my mental and physical condition;
- c. To complete a Physical Activity Readiness Questionnaire for Everyone (PAR-Q+) and followed recommendations such as seeking further advice from a doctor, another health care practitioner who is licensed to diagnose, or a qualified exercise professional before becoming much more physically active;
- d. To comply with the rules and regulations for participation in the Activities including local, municipal, provincial and federal government regulations;
- e. To comply with the rules of the facility or equipment;
- f. That if I observe an unusual significant hazard or risk, I will remove myself from participation and bring my observations to a representative of the Organization immediately;
- g. The risks associated with the Activities are increased when I am impaired and I will not to participate if impaired in any way;
- h. That it is my sole responsibility to assess whether any Activities are too difficult for me. By commencing an Activity, I acknowledge and accept the suitability and conditions of the Activity;
- i. That I am responsible for my choice of safety or protective equipment and the secure fitting of that equipment;
- j. There is no insurance coverage provided for participants against dangers inherent in the Activity. I am responsible to review my personal accident, life insurance coverage to



RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

ensure that there is no exclusions related to the Activities, and that benefits are realistic. I am responsible for arranging and paying for such coverage;

- k. To stop participation in the Event if it becomes, in my own assessment and opinion, unsafe to continue;
- l. That COVID-19 is contagious in nature and I may be exposed to, or infected by, COVID-19 and such exposure may result in personal injury, illness, permanent disability, or death.

I have read and agree to be bound by paragraph 6.	Signature
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Release of Liability and Disclaimer

7. In consideration of the Organization allowing me to participate, I agree:

- a. That the sole responsibility for my safety remains with me;
- b. To ASSUME all risks arising out of, associated with or related to my participation;
- c. That I am not relying on any oral or written statements made by the Organization or its agents, whether in a brochure or advertisement or in individual conversations, to agree to participate in the Activities;
- d. To WAIVE any and all claims that I may have now or in the future against the Organization;
- e. To freely ACCEPT AND FULLY ASSUME all such risks and possibility of personal injury, death, property damage, expense and related loss, including loss of income, resulting from my participation in the Activities;
- f. To INDEMNIFY and HOLD HARMLESS the Organization, either collectively or individually, from and against any and all claims and demands, losses, litigation expenses, legal fees, liability, damages, awards, costs, actions, causes of action, suits, or other proceedings of any form or type whatsoever, they, or any of them, may incur or be subject to whether directly or indirectly as a result of my participation in the Activities, whether the claim is based on, including but not limited to, the negligence, gross negligence, breach of contract, or any action taken or things done, maintained or failed to be done of or by the Organization, collectively or individually.;
- g. To FOREVER RELEASE AND INDEMNIFY and HOLD HARMLESS the Organization, either collectively or individually, from any action related to my becoming exposed to or infected by COVID-19 as a result of, or from, any action, omission or negligence of myself or others, including but not limited to the Organization, either collectively or individually;



RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

- h. That the Organization, either collectively or individually, is not responsible or liable for any damage to my vehicle, property, or equipment that may occur as a result of the Activities;
- i. That negligence includes failure on the part of the Organization, either collectively or individually, to take reasonable steps to safeguard or protect me from the risks, dangers and hazards associated with the Activities; and
- j. This release, waiver and indemnity is intended to be as broad and inclusive as is permitted by law of the Province of Ontario and if any portion thereof is held invalid, the balance shall, notwithstanding, continue in full legal force and effect.

Jurisdiction

- 8. I agree that in the event that I file a lawsuit against the Organization, either collectively or individually, I will do so solely in the Province of Ontario and further agree that the substantive law of the Province of Ontario will apply without regard to conflict of law rules.
- 9. I AGREE that the Agreement will be governed by, and is to be interpreted, construed and determined in accordance with, the applicable federal laws and the laws in force in the province of Ontario, Canada and I AGREE to irrevocably and unconditionally attorn to the exclusive jurisdiction of the Courts of Ontario, Canada and all courts competent to hear appeals from the Courts of Ontario, Canada.
- 10. I AGREE that if any provision of this Agreement is determined to be invalid or unenforceable, in whole or in part, by a court of competent jurisdiction, such invalidity or unenforceability shall not affect the remaining terms or provisions of this Agreement.
- 11. WITHOUT LIMITING THE ABOVE, I AGREE NOT TO SUE the Organization, either collectively or individually, for, including but not limited to, any and all personal injury, including physical and psychological harm, death and property loss or damage, and costs, damages, fees, expenses, awards, and liabilities or otherwise relating thereto of any form or type, howsoever caused or arising, and whether directly or indirectly as a result of my participation in the Activities.

I have read and agree to be bound by paragraphs
7, 8, 9, 10 and 11.

Signature

Acknowledgement

- 12. I acknowledge that I have read and understand this agreement, that I have executed this agreement voluntarily, and that this agreement is to be binding upon myself, my heirs, spouse, children, parents, guardians, next of kin, executors, administrators and legal or personal



RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

representatives. I further acknowledge by signing this agreement I have waived my right to maintain a lawsuit against the Organization, either collectively or individually, on the basis of any claims from which I have released herein.

Name (Printed)
Signature
Date