

Registration Form

Date _____ Program _____ Health Card #: _____

Immunizations Submitted: Yes or No Days Interested In: Monday Tuesday Wednesday Thursday Friday

Child's Name _____ Date of Birth _____

Street Address _____ City/Town _____ Province _____ Postal code _____

Parent Information Must be Completed in FULL

Mother's Name _____ Email _____ Street Address _____ City _____ Province _____ Postal Code _____ Phone _____ Cell: _____ Employer's Name _____ Address _____ City _____ Province _____ Postal Code _____ Business Phone number _____	Fathers's Name _____ Email _____ Street Address _____ City _____ Province _____ Postal Code _____ Phone _____ Cell _____ Employer's Name _____ Address _____ City _____ Province _____ Postal Code _____ Business Phone number _____
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Are there any custody arrangements/restrictions that Bulldog needs to be aware of? If yes, please detail. Attach any necessary documents. Police will only respond to Court mandated or Family & Children's Services documentation.

Contacts, MUST HAVE 2 EMERGENCY CONTACTS-Cannot be Parents or Individuals that Reside at Same Address

Emergency Contact #1 Name _____ Relationship to child _____ Address _____ Postal Code _____ Phone Number _____ Business # _____	Emergency Contact #2 Name _____ Relationship to child _____ Address _____ Postal Code _____ Phone Number _____ Business # _____
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Whom would you like to care for the child should neither parent be able to do so?

Physician's Name, Address and Phone Number _____

Program Start Date	Program Removal Date	Reason for Leaving



Parent Release Form

Please Read the Following:

I understand there is a risk of injury associated with participation in physical activities and the use of interactive equipment such as the equipment my child may use at Bulldog Interactive Fitness. I agree to waive any and all claims of liability, release and hold harmless Bulldog Interactive Fitness and its associated companies in the event such injury occurs to my child, meaning I will not sue Bulldog Interactive Fitness or try to hold Bulldog Interactive Fitness legally responsible. In the event of accident or injury when parent, legal guardian, or emergency contacts are not available, I give my permission to Bulldog Interactive Fitness to obtain whatever medical attention it deems necessary and assume all costs associated with such treatment. Bulldog Interactive Fitness is not responsible for any lost or stolen items left at the Bulldog Interactive Fitness premises.

Please Print

Parent/Guardian Name _____ Contact Numbers _____

Signature _____ Date _____

Participants Names Age Participants Name Age _____

I would like to receive periodic emails with upcoming programs and activities Yes _____ NO _____

Email Address _____

Photo/Video Release Form

I hereby give Bulldog Fitness (the company) permission to produce, use, exhibit, display, distribute and recreate any images or videos taken within or connected to the activities of the company and its derivatives. The permission given includes, but is not limited to, the right to display, distribute and publish said media for any company website, publications, promotional material, marketing and advertising and other such similar means available to the company. Photos will not be sold to other companies.

Parental signature: _____ Date: _____ Witness _____

Sign Out Authorization Form 2020-2021

Child's Name: _____

Parent(s) Name: _____

Please list the names of people you have authorized to pick up your child:

Name:	Relationship:
Phone 1:	Phone 2:
Name:	Relationship:
Phone 1:	Phone 2:
Name:	Relationship:
Phone 1:	Phone 2:
Name:	Relationship:
Phone 1:	Phone 2:
Name:	Relationship:
Phone 1:	Phone 2:

Parent/Guardian Signature

Date



Physical Activity Readiness Questionnaire (PAR-Q)

Name: _____

There are potential risks in any physical activity program. The PAR-Q has been developed to identify people that may be at greater risk, or who should see a physician for advice prior to attending our facility.

Parents: Please read the PAR-Q carefully and respond honestly.

Yes No

1. Has your doctor ever said your child has a heart condition and recommended only medically approved physical activity?
2. Does your child lose consciousness or lose his/her balance as a result of dizziness?
3. Does your child have a bone or joint problem that could be aggravated by the proposed physical activity?
4. Is your child's doctor currently prescribing medication for your child? If so, list the medications and the reason for the medication. Any medication requiring dispensing requires a signed form for consent to dispense.

Medication

Reason for Medication

Possible Side Effects

5. Does your child have food allergies or any other condition of which we should be aware? If yes, state the details below and if an EPI PEN is required.

6. If your child requires an EPI PEN you must complete an Anaphylactic Information Form

6. Does your child have any chronic disability or chronic disease?

Cerebral Palsy

Hyper-mobility

Epilepsy or Seizures

ADD or ADHD

Obesity

Down Syndrome

Intellectual Impairment

Diabetes (type 1 or 2)

Cystic Fibrosis

High blood pressure

High Cholesterol

Asthma or Emphysema

Other (please specify) _____

7. In the last year, have there been significant changes in family relationships?

Birth

Marriage

Death

Divorce

Separation

Legal Custody

8. Does your child have, or has your child had, an eating disorder?

9. Does your child have particular fears? If yes, please indicate:

10. Does your child have one to one (EA)/ Educational Assistant at school or during camp?

If Yes, please specify; Full Time Part time Behavioral support Educational support

Outline reasons for EA, any triggers, responses etc. and include any information the staff could use to ensure a positive outcome.

An additional page has been provided for greater detail.

11. Is your child up to date in all immunizations? If not, please complete the Exemption form provided.

If No, please explain _____

12. Before/After School Program/Camps: Is your child Fully Toileted Trained? Yes No

If not, please explain: _____

13. Preschool Program: Is your child Fully Toileted Trained Currently Toileting Training Not Trained/In Diapers

*Medical Documentation may be required for any entry into Bulldog Fitness programs.

14. Are there any specific requirements regarding rest?

15. Informed consent.

I, the undersigned, acknowledge on behalf of my child that there are potential risks in physical activity programs. I assume those risk and consent to the proposed participation in this program. I, or any person claiming through me or on my behalf, do hereby release Bulldog Fitness and their officers, employees or agents, from all claims for loss, injury or damage to persons and property while participating in this program, or traveling to or from this program, except when the facility and/or its agents are negligent.

I hereby acknowledge that:

The information provided above regarding my child's health is, to the best of my knowledge, correct.

I will inform you immediately if there are any changes to the information provided above.

I give permission for my child to commence your registered program.

Parental signature: _____ Date: _____

Bulldog Staff signature: _____ Date: _____

NOTE: If you answered YES to any of the above questions, you may wish to consult your doctor before sending your child to Bulldog Fitness. The health and safety of each child is of utmost priority, and each program has different criterion to adhere to. Bulldog reserves the right to decide whether the program is suitable and if accommodations are required and met to keep the child safe.