



**General Registration Form**

Date \_\_\_\_\_ Program \_\_\_\_\_ School \_\_\_\_\_ Grade entering in Sept 2022 \_\_\_\_\_

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_ City/Town \_\_\_\_\_ Province \_\_\_\_\_ Postal code \_\_\_\_\_

**Parent Information Must be Completed in FULL**

Parent #1 Name _____ Email _____ Street Address _____ City _____ Province _____ Postal Code _____ Phone _____ Cell: _____  Employer's Name _____ Business Phone number _____	Parent #2 Name _____ Email _____ Street Address _____ City _____ Province _____ Postal Code _____ Phone _____ Cell _____  Employer's Name _____ Business Phone number _____
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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.

**MUST HAVE AN EMERGENCY CONTACT: Cannot be Parents or Individuals that Reside at Same Address**

Name _____ Relationship to child _____  Address _____ Postal Code _____ Cell # _____ Phone Number _____ Business # _____
-----------------------------------------------------------------------------------------------------------------------------------------------

Whom would you like to care for the child should neither parent be able to do so?

Physician's Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone Number \_\_\_\_\_

Program Start Date	Program Removal Date	Reason for Leaving



# Parent Release Form

## Please Read the Following:

I understand that 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 2022-2023

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 of Child \_\_\_\_\_

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.

**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, we will provide an exemption form to be completed prior to starting programs..
  - If No, please explain \_\_\_\_\_
- 12. Before/After School Program/Camps: Is your child Fully Toilet Trained?  Yes     No
  - If not, please explain: \_\_\_\_\_
- 13. Preschool Program: Is your child  Fully Toilet 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.**

# Behaviour Management Form- use only if your child needs accommodations

Please describe any challenges your child/youth may have in managing their behavior and how you address these circumstances and cope with these at home (self abuse, aggression, screaming, excessive crying etc.)

Behavior	Usually caused by	Strategies or approaches used at home

**Activities**  
Please outline what activities your child enjoys both independently and with other children

### Motivators

Foods	Activities	Objects	Always	Usually	Sometimes	Not at all

**Please note;** If your child requires direct assistance with self care (toileting or eating), has a tendency to run away, a one to one worker must be provided ( at your expense and arrangement).  
Please note: Bulldog, is presently unable to provide one to one care. Bulldog will direct you to an agency who will assist in completing any necessary forms.

Please detail any other information we may need to ensure the safety and well being of your child/youth. ( Limitations, special equipment, other support needs)

Parent Signature \_\_\_\_\_

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