



<input type="checkbox"/>	Before School Program
<input type="checkbox"/>	After School Program
<input type="checkbox"/>	Both Before/After Program

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 _____
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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.

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 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 will be provided for greater detail.**

- 11. Is your child up to date in all immunizations and listed with public health. 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, Bulldog reserves the right to decide whether the program is suitable and if accommodations are required and met to keep the child safe.



Before/After School Transportation

Release 2022- 2023

I give permission for my child _____ to be picked up/or be escorted by Bulldog Interactive Fitness staff and walk or be driven to the Bulldog Fitness located at 259 Grange Rd. Unit #1 to participate in the Before/Afterschool Program.

Print Name _____ Signature _____ Date _____

Witness

Print Name _____ Witness Signature _____ Date _____

I give permission to the school to provide Bulldog staff with any pertinent information that may have occurred as it pertains to the safety of my child in the After School Program or if the child has shown any signs of illness or indications of not well being.

Parent/Guardian Name _____

Signature & Date _____

2022-2023 Program Participation Agreement

I/we, the parent(s)/guardian(s) of _____, agree to abide by the following guidelines of the Bulldog Interactive Before/After School Program:

The program is for children ages 3.5-13 while attending a full time school program

- Program hours are from 6:30 am -9:00am or 3:00 p.m. to 6:00 p.m. every day that school is in regular session.
- The program does not run on half days or non-school days unless otherwise noted.
- Parents or guardians are responsible for signing their children out of the program.
- To be released from the club, visual and /or verbal contact (accompanied by the parent's signing out with time and initial) by the designated pick-up person or parent/guardian must be made with the staff on duty.
- Students registered are expected to observe the same rules of conduct, behaviour, and dress code in the Before/After School Program as all regular Bulldog members.
- Participants in the Program will refrain from bringing sweets, colas and other unhealthy food into the facility.
- I have received a copy, read and understand the conditions of registration outlined in the Parent Handbook.
- You are aware, Bulldog Fitness is a Peanut, Tree Nut Free facility

I/we acknowledge that I/we have read, understand and accept these guidelines of the Bulldog Before/After-School Program. All paperwork must be on file prior to participating in the Bulldog Before/After School Progra.

Signature of parent: _____ Date: _____