

### Participant Code of Conduct

As a participant I pledge that:

- I will care for myself, for others around me, and our environment.
- I will accept others and allow each participant equal opportunity.
- I will be responsible for my own actions, attitudes, and behaviours.
- I will participate in activities in a positive manner and be responsible for program equipment.
- I will respect all other peers and HRC programming staff.
- I will wear athletic clothing and shoes with non-marking soles.

Please ensure that you have reviewed this pledge with your child. Failure to follow these guidelines may result in removal from programming.

### Photos for Promotional Use

Pictures may be taken throughout programming and may be used for promotional purposes. Do you give your child permission to have their photo taken?

Yes

No

### Authorization

Upon registering my child for programming at HRC, I permit my child to participate in a full range of activities including off-site activities. I have read and agree to the Participant Code of Conduct.

Print Name: \_\_\_\_\_

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

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

#### For Office Use Only

Member / Non-member Waiver Signed:

Photos:

Medication Form:

Programs:



# Headwaters Racquet Club

## Children's Programming Registration Form

### Participant Information

Gender:                      Male                      Female

Date of Birth: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

### Parent/Guardian

(Authorized pick-up and primary emergency contact)

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Parent/Guardian

(Authorized pick-up and second emergency contact)

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

### Participant Health History

Family Doctor: \_\_\_\_\_

Doctor Phone: \_\_\_\_\_

Health Card # \_\_\_\_\_

Allergies (please describe reaction and treatment)

Does participant carry an epi-pen                      Yes                      No

Medical Conditions    Yes                      No

Taking Medication    Yes                      No

Does medication need to be administered during program?

Yes                      No

**If yes, please fill out a medication administration form.**

### Important Information

**Does your child have special needs?**                      Yes                      No

If yes, please email Caitlyn at [caitlyn@headwatersracquetclub.com](mailto:caitlyn@headwatersracquetclub.com) before proceeding with enrollment.

Please provide us with any information regarding special needs or concerns of which we should be aware (ex. Dietary restrictions).