



Youth Group Registration Form

Participant's Name:		Birthdate:	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	YYYY/MMM/DD	
Parents:			
Address:		Home Phone:	
City:		Cell Phone:	
Postal Code:		Other:	
Email:		Other:	

Emergency Contact:	
Allergies:	
Medical issues/diagnosis	

Program Name:	
Day:	
Time:	
Payment Received:	

I, _____ provide consent for:

- photographs**
- video**

to be taken of my child during their involvement in the program. These photos or video may be displayed for promotional or educational purposes WITHOUT your child's name attached in any way.

- As the parent/legal guardian of _____, I release To the Stars OT and Wellness Centre, its owner and operators from any liability, claims demands and causes of action arising out of any loss, injury, even serious or disabling, including death from the child's or undersigned persons participation in the programs or while on the premises. I understand there are inherent risks and potential for injury involved in physical activity such as yoga and the use of sensory gym and equipment. I understand that occupational therapy and yoga do not replace the need for medical supervision and advice.

- I consent to receive email communication from To the Stars OT and Wellness Centre regarding upcoming programs and newsletters.

Signature of Parent/guardian

Date

Dear Parent:

Thank you for registering in our groups at To the Stars. In an effort to create a connected, fun and meaningful experience, we would appreciate a little background information about your child.

- Does your child have any pre-existing medical condition or injury that may influence their ability to participate fully in the program? Please provide details, including any limitations or accommodations required.

- Favorite activities and hobbies:

- The best ways to motivate and encourage my child:

- Something I am hoping that my child will get out of being in this program is:

- Is there anything else you would like to share?

I encourage you to call me if you have any further questions or concerns at 403-786-0006 (office hours Monday thru Friday, 9:00 to 3:00pm) or after hours at 403-506-9636.

Sincerely,

To The Stars Occupational Therapy & Wellness Team

Cancellation Policy:

More than 14 days of the first day of camp - 100% Refund

14 days - 7 days of the first day of camp - 50% Refund

Less than 7 days of the first day of camp - 0% Refund