



## Family Account Information Form

ACCOUNT INFORMATION		
Address:		
City:	Province:	Postal Code:
CLIENT INFORMATION		
*Primary Contact		
First Name:		Last Name:
Date of Birth:		
Primary Phone Type: <input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work		Primary Phone #:
Secondary Phone Type: <input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work		Secondary Phone #:
Email:		
Emergency Contact:		Phone #:
Medical Conditions/Allergies:		
Member Two		
First Name:		Last Name:
Date of Birth:		
Primary Phone Type: <input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work		Primary Phone #:
Secondary Phone Type: <input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work		Secondary Phone #:
Email:		
Emergency Contact:		Phone #:
Medical Conditions/Allergies:		
Member Three		
First Name:		Last Name:
Date of Birth:		
Primary Phone Type: <input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work		Primary Phone #:
Secondary Phone Type: <input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work		Secondary Phone #:
Email:		
Emergency Contact:		Phone #:
Medical Conditions/Allergies:		
Member Four		
First Name:		Last Name:
Date of Birth:		
Primary Phone Type: <input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work		Primary Phone #:
Secondary Phone Type: <input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work		Secondary Phone #:
Email:		
Emergency Contact:		Phone #:
Medical Conditions/Allergies:		

Please sign off on the Terms & Conditions below.

## Terms & Conditions

I acknowledge that the personal information on this form is collected under the authority of the Municipal Act, 2001, S.O. 2001 c.M. 25. On behalf of myself and all participants listed above, I give permission to the Parks, Recreation and Culture Department or its representatives and volunteers to administer the Township's Parks, Recreation and Culture department programs, including but not limited to processing this registration form, collecting fees, assigning participants to various programs and recording any medical information (if required). On behalf of myself and all participants listed above, I give permission to the Township to arrange for emergency medical care including but not limited to hospitalization and /or transportation to a local doctor or hospital for medical treatment if necessary, and I consent on behalf of myself and the participants listed below, to the administration of such medical treatment, at my own expense. I release, discharge, indemnify and hold harmless the Township of King from and against all claims or proceedings in respect of any costs, losses, damage or injury, whether to property or personal injury resulting from or arising in connection with my participation, or the participation by those persons listed above, in any activity contemplated by this Registration. I hereby further agree that the Township, its staff, volunteers and other participants, shall not be liable, either directly or indirectly, for any claims, or any damages, costs and expenses respecting any act done in good faith, including but not limited to personal injury, death, property damage or loss resulting from or in connection with participation in any activity contemplated by this Registration, whether or not such injury, damage or loss occurred as a result of any negligence, negligent misrepresentation or breach of statutory duty and/or breach of contract on the part of the Township its staff, volunteers and other participants. By registering in a program I agree to medical attention and accept inherent risks associated with the program. My signature also indicates consent for bus trips, off site trips and use of photographs taken by the media.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_