



# Homework Club

## REGISTRATION FORM

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

Age: \_\_\_\_\_

Birthdate: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

Emergency Contact (Name): \_\_\_\_\_

Phone Number: \_\_\_\_\_

(Alternate Contact)

Doctor's Name: \_\_\_\_\_

Doctor's Phone Number: \_\_\_\_\_

ALLERGIES (Be Specific): \_\_\_\_\_

Care Card Number: \_\_\_\_\_

### **CHILDREN MUST BE 9 YEARS AND OLDER TO ATTEND**

**I consent to have my child participate in the Uvic Family Centre's Homework Club Program.**

\_\_\_\_\_  
(PARENT / GUARDIAN'S SIGNATURE)

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(Please print Parent's Name)

**PARENTAL CONSENT FORM**  
**For Family Centre after School Club Programs**

**WAIVER/RELEASE**

I agree that my child will follow all reasonable instructions and directions from the program leaders.

I hereby release, remise, and forever discharge the UVic Family Centre, it's agents, volunteers, and staff of and from all manner of actions, cause of actions, claims, and demands of whatever nature which result from accident, injury, loss, or expense sustained, arising out of or in any way connected with participation or attendance at any location operated by the UVic Family Centre.

I agree to be at home and available at the phone number provided on the registration form for the duration of my child's participation in the Family Centre's program (Monday afternoons from 3:30-5:00pm). If I am not available, the Family Centre should contact the Emergency contact person I have provided.

This is required of me in case of emergency or if my child is required to go home for misbehaving.

In the event that my child is injured, ill, or in need of medical attention and I am unable to be contacted, I authorize the UVic Family Centre staff to seek medical attention on my behalf.

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

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