



OMAC WORLD CLASS MARTIAL ARTS

MARCH BREAK CAMP REGISTRATION

3450 Dundas Street, Burlington ON

Tel: (905) 315-8800 Fax: (905) 855-7844

URL: www.omacmartialarts.ca Email: Burlington@omacmartialarts.ca

CHILD INFORMATION

Last Name: _____	First Name: _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Nick Name: _____	Date of Birth (dd/mm/yy): _____	
Booster Seat Required <input type="checkbox"/> YES <input type="checkbox"/> NO		
NAMES OF SIBLINGS AND THEIR BIRTHDATES: 		

PARENT/ LEGAL GUARDIAN INFORMATION**

(1) Full Name: _____ (Mr./Mrs./ Ms./ Miss.)
Relationship to Child: _____
Address: _____
City: _____ Postal Code: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____ Email: _____
Employer: _____
(2) Full Name: _____ (Mr./Mrs./ Ms./ Miss.)
Relationship to Child: _____
Address: _____
City: _____ Postal Code: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____ Email: _____
Employer: _____

****NOTE: IF APPLICABLE, PLEASE MAKE OMAC AWARE OF ALL INFORMATION CONCERNING LEGAL CUSTODY/ GUARDIANS, PICKUP RESPONSIBILITIES ETC. TO AVOID ANY POTENTIAL CONFUSIONS.**



OTHER EMERGENCY CONTACT (Different from Parent/Legal Guardian)

Full Name: _____ (Mr./Mrs./ Ms./Miss.)	
Relationship to the Child: _____	Work Phone: _____
Home Phone: _____	Cell Phone: _____

AUTHORIZATION FOR PICK-UP

Your child will only be released to an authorized person listed on this form (parent/legal guardian and/or emergency contact). In case of an emergency or an unforeseen circumstance, please indicate the name, relationship, and phone number of any other person(s) who you authorize to pickup your child on your behalf. I have informed these individuals that they must present government issued photo ID each time they come to pick up my child. I understand that in case of an emergency, I will be the first one called. However, I also give my permission to OMAC to contact the following individuals AFTER contact has failed with parent designates on the first page of this registration form.

Your children will not be allowed to leave the school with anyone not listed below. You can remove or add people to this list at any time by filling out the Change of Information form (available at your program site).

Full Legal Name (as seen on government issued ID)	Relationship	Phone Number
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____

A parent/guardian's verbal/written authorization for pickup must be received **before** your child will be released to anyone not listed above. If not received, and we are unable to notify you by phone, the child will not be released.

MEDICAL INFORMATION

Doctor's Name: _____	Office Phone: _____
Address: _____	
City: _____	Postal Code: _____
Ontario Health Card #: _____	
Allergies: _____	
Medical Problems, Conditions/Disorders: _____	
Other Information we should know about your child: _____	



EMERGENCY CONSENT

It is our policy to notify a parent when a child is ill or needs medical attention. Occasionally, we cannot contact a parent and need to get immediate help for your child. Our procedure is to take your child to the nearest emergency service. Please sign below so that we can take appropriate action on behalf of your child.

I HEREBY GIVE MY/OUR CONSENT FOR MY/OUR CHILD _____ WHEN ILL/INJURED, TO BE TAKEN TO THE NEAREST EMERGENCY CENTER BY OMAC STAFF WHEN I/WE CANNOT BE CONTACTED. I CONSENT TO AN AMBULANCE BEING CALLED TO TRANSPORT THE CHILD, IF NECESSARY. I FURTHER AGREE TO PAY ALL COSTS INCURRED FOR TRANSPORT.

MARCH BREAK PAYMENT TERMS

Start Date (DD/MM/YY): _____

Program Cost (inc. tax):

\$ _____

Payment Method:

Cash

Cheque

Credit Card

CC# _____

Exp. Date: _____

CV Code: _____

Name on Card: _____

DAYS REQUIRED

Monday

Tuesday

Wednesday

Thursday

Friday

Parent/Legal Guardian (Signature)

Date

OMAC WORLD CLASS MARTIAL ARTS
(signature)

Date

PLEASE ALWAYS KEEP US UPDATED AND INFORMED OF ALL PERTINANT CONTACT, AND HEALTH CHANGES



OMAC Participant Waiver of Liability & Media Consent

OMAC takes the safety of all children registered in our programs very seriously and will take every precaution it possibly can in order to ensure the safety of your child. The risk of sustaining injuries that result from the nature of the activities can occur without fault of the participant, OMAC, its employees/volunteers or the facility where the activity is taking place. By choosing to take part and to register your child in OMAC programs, you are accepting risk that your child may be injured. The chance of an injury occurring can be reduced by carefully following instructions at all times while engaged in program activities and by providing your child with any necessary safety equipment such as proper shoes, clothing etc.

I, _____ (**Parent/Legal Guardian**) of _____ (**Child**) consent to have my child receive services from OMAC and am registering my child voluntarily. The consent will remain in effect for the duration of the program. I understand and agree to receive the program services delivered as part of the OMAC program that I have registered my child in. Programming activities such as recreation activities and outings (field trips) involve certain elements of risk. Injuries may occur while participating in these activities.

ACKNOWLEDGEMENT

The above named child has my permission to participate in program activities as planned by the OMAC program that I have registered my child in. I waive my legal rights against OMAC for any loss, injury or damage suffered during or by reason of participating in all events, programs and activities scheduled while my child is in the program. I authorize the application of emergency medical attention and undertake to be responsible for any hospitalization, medical expense and ambulance expense that may be incurred.

Parent/Legal Guardian (Signature)

Date

MEDIA RELEASE

I, _____ (**Parent/Legal Guardian**) give permission for _____ (**child**) to appear in photographs, video and/or audio that may be used in the promotional materials of OMAC. My child's image may be published or used in newspapers, promotional videos, television commercials, television news items, program brochures, poster, social media sites etc. or otherwise displayed to the public or used for other educational/fundraising purposes, either in whole or in part by OMAC and/or external partners. No names will ever be used in association with a child's image without written permission of the parent/guardian.

By my signature as parent/legal guardian for _____ (**child**) I give permission to OMAC to use any image taken during a OMAC program for any of the purposes as described above.

Parent/Legal Guardian (Signature)

Date

The OMAC Participants Waiver of Liability and Media Consent applies to OMAC March Break Programs for the 2018 school year.