

# OAK PARK NEIGHBOURHOOD CENTRE MEMBER INFORMATION

Date \_\_\_\_\_

This confidential information is used to email our newsletters, gather statistics, contact volunteers, issue tax receipts and use in case of emergency. Our privacy officer is Joe Mauro 905-257-6029

A yearly **membership fee of \$60 submitted with this form** is required to help cover our program costs. The balance of this cost is raised through the various fundraisers organized by volunteers throughout the year. We waive the fee for those who are in financial hardship. OPNC is a registered charity and any additional donations are appreciated and tax receiptable. Thank you for your support.

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

Caregiver (accompanying child) \_\_\_\_\_ Relation \_\_\_\_\_

Home Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

(Do not include your email if you do not want to be added to the confidential email newsletter list)

Child's Name: \_\_\_\_\_ Year of Birth: \_\_\_\_\_ Program: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Year of Birth: \_\_\_\_\_ Program: \_\_\_\_\_

Child's Name: \_\_\_\_\_ year of Birth: \_\_\_\_\_ Program: \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone (daytime) \_\_\_\_\_ Relation to Child \_\_\_\_\_

Language spoken at home:  English or Other \_\_\_\_\_ Country of origin \_\_\_\_\_ Years in Canada \_\_\_\_\_

Medical conditions (yourself or child) that we should know about? \_\_\_\_\_

We cannot ensure an allergy free environment. We require you bring any necessary medical items with you to our programs.

## Responsibilities

- It is your responsibility to ensure that your contact and medical information is kept up to date by completing a new form if there are any significant changes to the participant's health that you feel we should know about.
- You are responsible for your safety and for your child's safety and for any damage you and/or your child may cause at any of our activities;
- You are responsible for your child's actions towards other children;
- Please do not come to the centre if you are contagious.

## Waiver

I, \_\_\_\_\_ acknowledge and understand that participation in and attendance at Oak Park Neighbourhood Centre activities and programs involves certain risks and dangers of accidents. I have considered and evaluated the nature, scope and extent of risks involved, and voluntarily and freely choose to assume those risks.

I release Oak Park Neighbourhood Centre from responsibility and/or liability for any loss, damage or injury that may result while myself and/or my child(ren) are participating in an Oak Park Neighbourhood Centre event or activity, whether at the Centre or at an Oak Park Neighbourhood Centre event being held at another location. This form shall remain in full force and effect until it is withdrawn by giving written notice to the Board of Oak Park Neighbourhood Centre. I agree that no notice apart from that, which is specified above, shall be considered to amend this form. I have the authority to give this release.

\_\_\_\_\_  
Signature Witness

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Print witness

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

We depend on our **volunteers** to keep our programs running. Any help you can give is appreciated.

- I would like to get some information on volunteering and you can contact me if any opportunities arise.
- I cannot commit to volunteering at this time.

Cash    Cheque    Staff Initials