



COMMUNITY SERVICES DEPARTMENT
322 MAIN STREET, BOX 759
EXETER, ON N0M 1S6

PHONE: 519 235 0310 EXT. 228
WEBSITE: WWW.SOUTHURON.CA
EMAIL: COMMUNITYSERVICES@SOUTHURON.CA

Parent/ Caregiver Name(s): _____

E-mail: _____

Phone Number: _____

Address: _____

Emergency Contact Name/ Phone Number: _____

Name of Child: _____ D.O.B: _____

Program Name: _____

Program Start Date: _____ Program End Date: _____

Time: _____

Are there any allergies, health or other concerns staff need to be aware of?

☐ I agree to release, waive and forever discharge the Municipality of South Huron, its employees and other agents from any and all claims, demands, damages, costs, actions and cause of action, whether in law or equity in respect of death, injury, loss or damage to myself or property, arising by reason of my participation in this program, that has not been contributed to or occasioned by any negligent act.

☐ I give permission for the Municipality of South Huron and its representatives to take photographs and/or videos of myself/ my child during this program session for use in future promotional materials.

Signature: _____

OFFICE USE ONLY

Total Program Fee: _____ Payment Type: _____

Date of Payment: _____ Form Accepted By: _____