

# PA Days

## 2010

### 5 GREAT DAY PROGRAMS in Clinton



REACH  
169 Beech Street  
Box 520  
Clinton, ON N0M 1L0  
519 482 3998

Registration Form: Check off the day(s) you are registering for:

- |  |              |          |
|--|--------------|----------|
| <input type="checkbox"/> <b>Create A Comic Strip Character</b> | Feb. 15      | \$ 26.25 |
| <input type="checkbox"/> <b>Lets Be Active</b>                 | Mar. 1       | \$ 26.25 |
| <input type="checkbox"/> <b>A Week of Grand Arts</b>           | Mar. 15      | \$ 26.25 |
| <input type="checkbox"/>                                       | Mar. 16      | \$ 26.25 |
| <input type="checkbox"/>                                       | Mar. 17      | \$ 26.25 |
| <input type="checkbox"/>                                       | Mar. 18      | \$ 26.25 |
| <input type="checkbox"/>                                       | Mar. 19      | \$ 26.25 |
| <input type="checkbox"/> Whole week:                           | Mar. 15 - 19 | \$131.25 |
| <input type="checkbox"/> <b>Be A Detective</b>                 | Apr. 2       | \$ 26.25 |
| <input type="checkbox"/>                                       | Apr. 5       | \$ 26.25 |
| <input type="checkbox"/> <b>Spring Extravaganza</b>            | May 24       | \$ 26.25 |

Total: (Cheques are payable to the Municipality of Centra Huron) \$ \_\_\_\_\_ (GST is included in prices)

Name of child/youth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Phone number if different from above \_\_\_\_\_

Specific food(s) allergic to: \_\_\_\_\_

Specific food(s) intolerant to: \_\_\_\_\_

Reaction to food: \_\_\_\_\_

Other Allergies: \_\_\_\_\_

Suggested precautions and treatment: \_\_\_\_\_

Has your child been diagnosed with anaphylaxis? Yes \_\_\_\_\_ No \_\_\_\_\_

Does the child carry an 'Epipen'? Yes \_\_\_\_\_ No \_\_\_\_\_

Cultural Food restrictions: \_\_\_\_\_

Other dietary concerns: \_\_\_\_\_

Special needs, health or behavioural issues: \_\_\_\_\_

Signature of Parent or Legal Guardian

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Participant Waiver Form

I, \_\_\_\_\_ hereby give consent to my child to be involved in the Regional Equine & Agricultural Centre of Huron (REACH), REACH Kids PA Days program. I understand that participation in this program may involve participant's use of cooking equipment and tools in a busy kitchen environment. I understand that participation in this program involves physical activity. It is understood and expressly agreed to by the parent/guardian that by signing this form and taking part in REACH Kids PA Days programs, the participant releases, indemnifies, and hold harmless, The Municipality of Central Huron, The Regional Equine & Agricultural Centre of Huron (REACH), REACH Employees, volunteers and contractors from any and all liability of any kind for any damages and/or injuries incurred in connection with the participants attendance in the PA Days program. I also understand and accept the risks inherent in the preparation, cooking and eating of food with other people in the kitchen and physical activities.



**REACH**  
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NAME OF CHILD/YOUTH: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_

## Media Release Consent Form

I, \_\_\_\_\_ hereby give consent to my child \_\_\_\_\_ to be filmed, audio taped, interviewed, videotaped, or photographed by the media (print and broadcast), employees, and volunteers of REACH and the PA Days Programs during sessions from February to May, 2010.

Name of Child: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_