



## Move for Inclusion Lancers: Participant Registration Form



1. Participant Information	
Participant Name:	
Date of Birth:	
Gender:	
Mobility or Medical Concerns:	
Does your athlete have any sensory concerns? If so, how can we best manage the program environment for them?	
Does your athlete have any special interests (dinosaurs, princesses, animals, trains, sports, etc.):	
2. Emergency Contact Information	
Parent or Guardian Name(s):	
Contact Number:	Secondary Contact Number:
Email Address:	
Mailing Address:	
Are there any other individuals who may be picking up your children from the program? If so, please provide first and last names:	
3. Participant T-Shirt	
Participant T-Shirt Size: (Please Circle)	
Youth Sizes:            Small            Medium            Large            X-Large	

Please return this form via email to [info@moveforinclusion.com](mailto:info@moveforinclusion.com) or drop it off in person at: 265 Cannifton Rd, Belleville, ON, K8N 4V8 (Quinte Wellness Center Front Desk) Addressed to Move for Inclusion

**PARENTAL CONSENT**

**To: Move for Inclusion (Organizer)**

IN CONSIDERATION OF the child named below (the “Child”) being permitted to participate in Move for Inclusion Lancers recreational and classroom activities (the “Activities”), I, \_\_\_\_\_ (please print) the undersigned parent or legal guardian of the child, on behalf of myself, my heirs, executors, administrators and assigns, hereby:

1. Acknowledge that certain risks of injury are inherent to participation in Lancers activities and understand that serious injury, and even death, is possible in such participation and may result from the child’s actions, the actions or interactions of others, or a combination of both.
2. Give permission for the child to participate in the activities.
3. Consent to any release administering, or consenting to the administration of, such emergency medical care to the child, as such person deems appropriate in the circumstances; including transportation to a medical facility by ambulance, as deemed necessary, at my expense.
4. Understand and acknowledge that the organizer does not carry or maintain medical or disability insurance coverage for the child, and therefore agree to assume responsibility for insurance coverage of the child.
5. Give permission to have photos of my child taken during the camp and used in future promotional literature and on our website. The child’s name will not be used.

**I HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THIS DOCUMENT.**

\_\_\_\_\_ **Signature**

\_\_\_\_\_ **Date**

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