

# SEAVIEW COMMUNITY SCHOOL

## After School Spring 2022 Program Registration

PROGRAM CODE	PROGRAM NAME	PROGRAM COST

TOTAL COST: \_\_\_\_\_ CHQ# \_\_\_\_\_ CASH \_\_\_\_\_ INTAKE INTIALS#: \_\_\_\_\_

**\*PLEASE COMPLETE ALL REQUIRED INFORMATION BELOW IN ORDER FOR THE REGISTRATION TO BE VALID**

<b>Name of Student:</b>	<b>Grade:</b>
<b>Address:</b>	
<b>Parent/Guardian Name:</b>	
<b>Parent/ Guardian Phone Number:</b>	
<b>Email Address:</b>	
<b>Emergency Contact Name/ Phone Numbers:</b>	
<b>Care Card #:</b>	
<b>Medical Conditions / Behavioural Needs / Allergies:</b>	

My child will be picked up after the program by: \_\_\_\_\_  
[Name, Relationship]

My child has permission to walk home: \_\_\_\_\_ YES \_\_\_\_\_ NO

**CODE OF CONDUCT:** Community schools' programs and/or camp participants will be following School District No. 43 (Coquitlam) Code of Conduct policy. Link: **School District 43 Code of Conduct** or located on [www.sd43.bc.ca](http://www.sd43.bc.ca)

I have reviewed the policy, and have discussed it with my child, and agree to abide to the SD43 Code of Conduct

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### Waiver/Release

I/We agree that our child(ren) will follow all reasonable directions and instructions given by the Program Instructor(s) in connection with the operation of any and all Community Schools Programs offered in School District #43.

I/We release and forever discharge School District #43, school staff, Program Instructors and partners of the Community Schools of and from all manner of actions, claims and demands of whatever nature which result from any accidental injury, loss of expense sustained, arising out of or in any way connected with participation in any Community School program, service or event.

In the event that our child(ren) is/are injured, ill or in need of immediate medical attention and I/we are unable to be contacted, I/we authorize school district staff, Program Instructors and volunteers to seek medical attention on my/our behalf.

**Photograph, Video, Copy Release:** In accordance with the Freedom of Information and Protection of Privacy Act, School District No. 43 (Coquitlam) requires consent to use photographs, videos, copy, names and other information of students, parents, employees, and community members in a variety of publications to promote the school district and its programs and services to the public. This includes newsletters, brochures, newspapers, magazines, reports, websites, social media, radio, television or other communications materials, platforms, and formats.

I hereby consent to and authorize the use of my child's textual copy, name, voice and physical likeness in photographic, audio, video, hardcopy or electronic reproduction form, in perpetuity, in any communications materials and formats produced by School District No. 43 (Coquitlam) for the use outlined above.

I understand that the choice of which reproduction is to be used, if any, is at the discretion of School District No. 43 (Coquitlam) (or its designated departments) and that the decision would be based on artistic merit, specific design needs and technical requirements.

I also understand that I do not have copyrights to, or legal ownership of, any textual copy or reproductions made and used by School District No. 43 (Coquitlam) and covered by this release.

I also hereby release, discharge and agree to save harmless School District No. 43 (Coquitlam), its trustees, employees, students and all heirs, legal representatives or assignees from any liability, including without limitation, any claims for libel or invasion of privacy.

**I give my consent for the Photograph, Video, Copy Release: YES \_\_\_\_\_ NO \_\_\_\_\_**

**\*REFUND POLICY:** Refunds will be only available, for any reason, within the registration period. No refunds will be processed after the registration period ends.

**Parent/ Guardian Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_