



SDC Blue Ribbon

AFTER SCHOOL CONNECTION

An after school activity for children with special needs



Registration Form

- Please fill out the following form and return to the RCD by the registration deadline.
- For term schedule and registration deadline, please check current "After School Connection" brochure or call RCD at 604-232-2404 or visit RCD website at www.rcdrichmond.org.
- First time registrant will be invited for an interview, both participant and parent.
- Returning participants do not need to fill out the registration form again, contact RCD if you wish to continue joining the activity at your earliest convenience.
- Space is limited and acceptance is on a first come first serve basis upon fee payment, for both new and returning participants.

Office Use Only:

Date of registration _____ *Registration #* _____

Interview Time _____

Name of Participant: _____ Date of Birth: _____

Name of School Attending: _____ Grade: _____

Name of Parent/Guardian: _____

Relationship to Participants: Father ☐ Mother ☐ Others (please state) _____

Address: _____
City Province Postal Code

Telephone: (Home) _____ (Work) _____

Cell: _____ Fax: _____ Email: _____

Does your child have ☐ learning difficulties?
 ☐ physical disabilities?
 ☐ sensory problems?

If yes, please give details: (Provide attachment if necessary)

Has your child received music therapy before? ☐ Yes ☐ No

If yes, please give details: (Provide attachment if necessary)

Is your child receiving any other therapies?

- | | |
|--|---|
| <input type="radio"/> Physiotherapy | <input type="radio"/> Speech & Language Therapy |
| <input type="radio"/> Occupational Therapy | <input type="radio"/> Psychotherapy/Counselling |

Other: _____

Is there anything else you would like to tell us about your child? (e.g. social interactions, does s/he respond to music and sound, etc.) (Provide attachment if necessary)

Parent/Guardian's Expectations:

Signature of Parent/Guardian: _____ Date: _____



RCD Activity Participant – Emergency & Health Form

To Parents/Guardian: the information on this form will be used at the discretion of the activity instructor/coordinator to ensure care and attention is given to the safety and health of your child. All information on this form is considered **Personal and Confidential**. Please return this form to the responsible RCD staff.

Participant Name: _____ Date: _____

Contacts in an emergency (please provide two if possible, in order of contact order):

1. Name: _____ Relationship: _____

Tel (H): _____ Tel (W): _____ Cell: _____

2. Name: _____ Relationship: _____

Tel (H): _____ Tel (W): _____ Cell: _____

Is your child on medication? ☐ Yes ☐ No

If yes, please give details: (Provide attachment if necessary)

Does your child have any food allergy? Please give details, because snacks will be provided at the activity.

Does your child have any other allergic reactions? If so, list type of reaction, treatment given, etc.



RICHMOND CENTRE FOR DISABILITY

After School Connection

Waiver and Consent Form

**This waiver and consent must be completed and returned to the RCD.
One waiver form per participant. Valid for the all the terms joined.**

Name of Participant: _____

Parent/Guardian Name: _____

Phone Number: _____

I hereby give my full approval and permission for my son/daughter to attend the RCD After School Connection, held at the Richmond Centre for Disability at 100-5671 No. 3 Road, Richmond.

I am aware that my child is expected to respect both the emotional safety and physical safety of other participants. Parents/Guardians will be informed if their children's behaviour does not reflect this standard. Any child who puts the safety of other participants at risk may be asked to withdraw from the activity.

I agree to hold harmless all RCD staff, contractor and volunteers, and the activity in-charge, and any parties hosting this event, including officers and directors, from any liability resulting from the participation of the named participant in the registered activity.

WAIVER/RELEASE

I agree and understand that the RCD and volunteers for this event ("organizers") and its officers, and directors are not responsible for any loss, damage, personal injury, and death suffered by me, or my child, out of, or in connection with participation in this activity and/or any activity associated with this program, whatsoever and howsoever caused, including negligence on the part of the organizers. In consideration of the acceptance of my child at the activity, I agree on behalf of myself, my dependants, heirs, assigns and representatives to release, discharge and hold completely harmless organizers, it's owners, officers, and directors from any and all actions, claims, demands, liabilities, losses, damages, and expenses to my person or property, arising in relation to participation in this activity.

Signature of Parent/Guardian

Date



RICHMOND CENTRE FOR DISABILITY

After School Connection

Photo Release Form

The undersigned hereby grants to the Richmond Centre for Disability permission to take or have taken, still and moving photographs and films, including television and video picture, of myself/son/daughter/ward,

and consent and authorize the Richmond Centre for Disability (RCD) to use and reproduce the photographs, films and pictures, to circulate and publicize the same by all means including without limiting the generality of the foregoing, in newspapers, broadcast media, brochures, pamphlets, instructional materials and books.

With respect to the foregoing material, no inducements or promises have been made to the undersigned to secure signature to this release other than the intention of the RCD to use or allow use of such photographs, films or pictures for the primary purpose of promoting and aiding the RCD and its work.

Signature of Self/Parent/Guardian: _____

Name in Print or Type: _____

Date: _____