

DR. FOUNTAIN'S CLUBHOUSE REGISTRATION & RISK WAIVER FORM

This is a special agreement form for parents because Dr. Fountain has many fun activities on her grounds that children love to do when they visit and attend Dr. Fountain's Clubhouse Programs. As a part of treatment and recreation, each child is registered into Dr. Fountain's Clubhouse program to join in our activities. The following form must be filled out and signed by each caregiver or responsible person accompanying them to Dr. Fountain's before any child will be permitted to participate in Clubhouse Programs and/or use any play equipment or play out on the grounds.

Child's Name: _____

Child's Birth Date: _____ OHIP #: _____

Parent/Caregiver's information:

Name: _____

Address: _____ Home Telephone: _____

_____ Other Phone #'s: _____

Emergency Contact:

Name: _____ Telephone #: _____

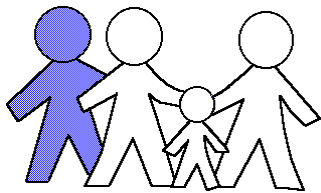
Special activities/program child is involved in and any exclusions:

Allergies/Medical problems concerns we should know about:

I hereby understand that Dr. Fountain has a number of children's activities on her grounds that include Playground Equipment such as trampoline and areas such as but not limited to a swimming pool, stream/creek for creek walks and water play, trees to climb, a kitchen to cook in, crafts and workshop areas, tractors and hay rides and therapy animals which I give my permission for my child to play in, use and enjoy as a part of their activities with Dr. Fountain and any of her helpers and Associates. I agree that Dr. Fountain and her helpers and Associates and/or any program's she may be running are not held responsible in any way for any injuries, accidents or harm that may come to my child while on Dr. Fountain's premises and involved in activities with Dr. Fountain, her helpers, and/or Associates. I also acknowledge that I have read and agree to all terms as outlined in Dr. Fountain's Clubhouse Policies and Procedures that have been made available to me within my application and registration package.

Signed this day _____ month _____ year _____

Parent/Guardian/Responsible Person:



DR. ANGELA FOUNTAIN, C. Psych. & Associates

1037 Howden Rd E. Oshawa, Ontario
Phone: (905) 655-5813
www.drffountain.ca

**Participants under 18 years old
Dr. Angela Fountain’s Clubhouse Animal & Equine Waiver**

Acknowledgement of Risk, Release of Liability and Indemnity Agreement

Participant Child’s Name: _____ Date of Birth: _____

Parent/Legal Guardian: _____ Date of Birth: _____

Address: _____ City: _____ Prov: _____ Postal: _____

Dr. Angela Fountain and Associates, including their directors, employees, officers, volunteers, business operators, and site property owners will be referred to as the “Host”.

- ____ 1. I am the parent and/or Legal Guardian of the child participant named above and am executing this form on the behalf of the child participant in my capacity as their parent/ legal guardian and with the intent that this form be binding on myself and my child participant for all legal purposes.
- ____ 2. I understand there are inherent DANGERS, HAZARDS and RISKS (collectively called “RISK”) associated with Equine Activities and injuries resulting from these “RISK” are a common occurrence.
- ____ 3. I acknowledge that the inherent “RISK” of equine activities mean those DANGEROUS conditions which are an integral part of all Equine Activities, **including but not limited to:**
 - The propensity of any equine to behave in ways that might result in injury, harm or death to persons on or around them or to potentially, collide with, bite, or kick other animals, people, or objects.
 - The unpredictability of an equine reaction to such things as sounds, sudden movement, tremors, vibrations, unfamiliar objects, persons, or other animals, and hazards, such as, subsurface objects.
 - The potential for other participant(s) to act in a negligent manner that might contribute to injury of themselves or others such as failing to act within their ability or to maintain control over an equine.
- ____ 4. **I Freely Accept and Fully Assume All Responsibility** for the inherent “RISK” and the possibility of personal injury, death, property damage or loss which might result from the child being a Participant.
- ____ 5. **I Acknowledge** that it remains my **Sole Responsibility** for the safety of the child participant and for the child to participate within his/her own limits.
- ____ 6. **In addition to consideration given to the child to Participate in the Equine Activity, I and my heirs, executors, administrators, and assigns (collectively called my “legal representatives”) agree**
 - **To Waive all Claims that I or the child Participant might have against the “Host”, and**
 - **To Release the “Host” from Any and All Liability** for any loss, damage, injury or expense that I, the child Participant or our “Legal Representatives” might suffer as a result of the child’s Participation due to any cause whatsoever **including ANY NEGLIGENCE ON THE PART OF THE “HOST”** and
 - **To HOLD HARMLESS AND INDEMNIFY THE “HOST”** for any and all liability for property damage or personal injury to the child Participant or any third party which might result from the child’s Participation.

Before signing this form, I read it (as indicated by my initials above) and I stated that I understand it. I further state I am aware that signing this form, waives certain legal rights I and/or the child participant and/or our “Legal Representative” might have against the “Host”.

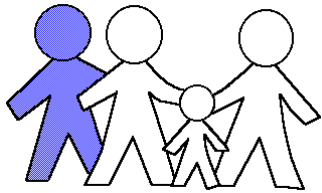
Signed this _____ day of _____ 20_____

(Printed Name of HOST witnessing to signing)

(Signature of Participant)

(Signature of HOST Witness)

(Signature of Parent/Guardian)



DR. ANGELA FOUNTAIN, C. Psych. & Associates

1037 Howden Rd. E., Oshawa, Ontario L1H 7K4
Tel: (905) 655-5813
www.drfountain.ca

Dr. Fountain's Clubhouse Children's Emergency and Medical Information

Child's Name: _____ Sex: Male ___ Female ___

Last *First* *MI*

Address: _____

Street *City* *Province* *Postal code*

Phone (h): _____ Child's Date of Birth / /

1. Parent/Guardian Name: _____

Last *First* *MI*

E-Mail _____

Address: _____

Street (if different from child's) *City* *Province* *Postal code*

Phone (h) _____

(w) _____

(c) _____

2. Parent/Guardian Name: _____

Last *First* *MI*

E-Mail _____

Address: _____

Street (if different from child's) *City* *Province* *Postal code*

Phone (h) _____

(w) _____

(c) _____

Parents/Guardians Place of Employment: father _____

mother _____

**Mandatory 2 Emergency Contacts other than parents

Emergency Contact #1 _____ Relationship to Child _____

Address _____

Phone (H) _____ (W) _____

Emergency Contact #2 _____ Relationship to Child _____

Address _____

Phone (H) _____ (W) _____

Child's Physician (name & phone) _____

OHIP #: _____

Please Check Yes or No

___ Yes ___ No Does your child have any allergies? If yes, please specify allergies. _____

What should be done if your child comes into contact with an allergen? _____

___ Yes ___ No Does your child have any chronic problems, special needs, or other conditions we should know about that you have not already discussed on intake? If yes, please explain _____

___ Yes ___ No Does your child take any medications? If yes, please list and explain what for. _____

Will any of these medications need to be administered during program hours: ___ Yes ___ No
**If Yes you must fill out a proper medical authorization form

___ Yes ___ No Will your child need assistance with toileting or bathroom routines throughout the program? If yes, please note that a toileting agreement form must be complete and your child will be required to have extra support services to support these needs.

**Please note that all children must use sunscreen during program hours.

___ Yes ___ No I give Dr. Angela Fountain & Associates permission to apply sunscreen provided by the program to my child when needed.

___ Yes ___ No I give permission for pictures & videos of my child to be used in promotional advertising for programs run at Dr. Angela Fountain & Associates

How did you hear about the Dr. Fountain's Clubhouse Programs? (circle one)

Dr Fountain's office School Resources for Exceptional Children

Other Doctor: _____ Other: _____

I hereby authorize Dr. Angela Fountain & Associates to seek medical treatment for my child, at the nearest facility, in the event medical care is required. In the event non-emergency medical care is required, I authorize Dr. Angela Fountain & Associates to seek medical treatment through my child's physician. I understand that I am responsible for medical expenses incurred by my child. I have read Dr Fountain's Clubhouse policies and procedures form for the program and agree to adhere to them, including the policy if my child becomes ill, I must pick up my child immediately. I certify that the above information is complete and correct.

Parent/Guardian's Signature

Date