

2021-22 Kid's Karate Registration Form

MSVU requires all students, staff, faculty and campus visitors to be fully vaccinated against COVID-19. Those who choose not to get vaccinated for medical, religious or cultural reasons must be tested for COVID-19 within 72 hrs prior to coming on campus. Please ensure you have a copy of your proof of vaccination or negative test result with you when coming to campus as you may be asked for it. If you are unable to provide this documentation, you may be asked to leave campus. **For children under the age of 12, proof of parent/guardian vaccination status is required.**

To Register: Call 902-457-6420 or email complete form to mount.fitness@msvu.ca

Participant Information

Child's Name: _____ **Age:** ____ **Birthday:** _____

Gender: _____ **Sibling of (if applicable):** _____

Medical Conditions: No Yes (please clarify): _____

Allergies: No Yes (please list): _____

Medications: No Yes (please list): _____

Additional information you may want us to know (are they shy, easily frustrated, do they run off if upset, etc.):

Parent/Guardian 1 Primary Contact

Parent/Guardian: _____

Address: _____

City: _____ **P.C.** _____

Phone #'s: Cell: (____) _____

Work: (____) _____ **Home:** (____) _____

E-mail: _____

Parent/Guardian 2 (if applicable) Secondary Contact

Parent/Guardian: _____

Address: _____

City: _____ **P.C.** _____

Phone #'s: Cell: (____) _____

Work: (____) _____ **Home:** (____) _____

E-mail: _____

Alternate Emergency Contact and Person(s) authorized to pick up child

Alternate Contact: _____ **Relationship:** _____ **Phone #:** _____

Person(s) authorized to pick up child (in addition to Parent/Guardian 1 & 2 and alternate contact):

Name: _____ **Relationship:** _____ **Phone #:** _____

Name: _____ **Relationship:** _____ **Phone #:** _____

Parental/Guardian Informed Consent & Release of Liability of Mount Saint Vincent University

I, _____ **(please print)** the parent/guardian of the participant understand, appreciate and accept the inherent physical risks of these activities. As a condition of registration, the participant and parent/guardian agree to be solely responsible for any personal property loss or damage, and/or any personal injury sustained by the participant unless such loss, damage or injury was caused by sole negligence of Mount Saint Vincent University, its employees or agents.

Mount Saint Vincent University reserves the right to: assign the participant to a group most appropriate for their age or ability; to request any participant to withdraw from the program if the participant is not behaving in an appropriate and reasonable manner.

I understand and agree to the above and hereby give my child permission to:

- ____ **(initial):** take part in the MSVU youth program and hereby discharge the MSVU employees from any injuries, illness (including COVID-19) or mishaps which may arise from the participation of my child in this MSVU program.
- ____ **(initial):** be photographed by MSVU staff and hereby understand that such photographs become the property of Mount Saint Vincent University and may be used for the purpose of any other promotional purposes deemed necessary and/or relevant to this youth program.
- ____ **(initial):** in the case of a health emergency, I give permission for my child to be taken to the IWK hospital.

Date: _____

Signature: _____