



CUPE ONTARIO
On-Site Child Care Registration

Any delegate intending to bring their child(ren) to a conference, please complete a **separate form for each child to be registered**. (Additional copies may be photocopied).

NAME OF FUNCTION	DATES

<i>CHILD'S NAME</i>	<i>Age</i>	<i>Medical Problems, Allergies or Special Care</i>

CONSENT

I, _____ (parent/guardian) hereby give permission for my child registered above to participate in various recreational and leisure activities offered by the trained staff of the On-Site Child Care during the period of the above-named conference.

RELEASE OF RESPONSIBILITY

I, _____ (parent/guardian) hereby release CUPE Ontario from any and all claims for damages to the safety or health of my child registered above, howsoever caused, while participating in any activities of the On-Site Child Care during the period of the above-named conference.

Signature of Parent/Guardian: _____ Date: _____

Name of Parent/Guardian: _____

Address : _____

_____ Postal Code _____

Phone (home) _____ (work) _____ Local No. _____

Signature of Witness: _____ Date: _____

Name of Witness: _____
(please print)

Please complete and return the above form
BY FEBRUARY 26TH, 2013 to:
On-Site Child Care Registration - CUPE Ontario Conference
CUPE Regional, 80 Commerce Valley Drive East, Markham, ON L3T 0B2
Phone: 905-739-3999 Fax: 905-739-4001