



# Convention 2009

## On-Site Child Care Registration

Any delegate intending to bring their child(ren) (infant to 9 years old) to our convention, please complete a **separate form for each child to be registered**. (Additional copies may be photocopied).

NAME OF FUNCTION	DATES
CUPE Ontario Convention	

CHILD'S NAME	Age	Medical Issues, Allergies or Special Care
Languages spoken: <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other (please specify)		

**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 **no later than Friday April 24, 2009** to:

**On-Site Child Care Registration - CUPE Ontario Convention 2009**  
 CUPE Regional, 305 Milner Ave., Suite 801 Scarborough, ON M1B 3V4  
 Phone: 416-299-9739 Fax: 416-299-3480