

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

CHILD'S NAME	Age	Medical Problems, Allergies or Special Care

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. _____

Email: _____

Signature of Witness: _____ Date: _____

Name of Witness: _____
 (please print)

Please complete and return the above form
NO LATER THAN JANUARY 26TH 2019 to:
On-Site Child Care Registration - CUPE Ontario
 80 Commerce Valley Dr. E., Suite 1, Markham, ON L3T 0B2
 Phone: 905-739-9739 Fax: 905-739-9740