

Join Us for a Beginner Vocal & Watercolour Workshop

Friday October 25th 10:00 am to 2:00 pm MCFN COMMUNITY CENTRE BOARDROOM

Participant Name: _____

Age: _____ (under 5 must be accompanied by adult)

Address: _____

Parent(s)/Legal Guardian(s)

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Emergency Contact(s)

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Family Doctor

Name: _____ Phone Number: _____

Health card number: _____

Please List ANY/ALL Allergies, Injuries, Medical Conditions, etc: (bring own snack - peanut free) _____

Please indicate who will be picking up your child each day (include phone number):

The Parent/Guardians understand that they are responsible for drop off at 9:50 am and pick up between 1:50 pm-2:00 pm.

Signature: _____ Date: _____

I understand that the operations and facilitators of the MCFN or New Credit Employment & Training staff/department accept no legal responsibility for injury during the workshop to the registered participant(s).

Signature: _____ Date: _____

I understand MCFN or New Credit Employment & Training staff/department are not responsible for lost/stolen items.

Signature: _____ Date: _____

I give permission for the MCFN or New Credit Employment & Training staff/department to take photos/video of my child for promotion purposes only.

Signature: _____ Date: _____