

**IMPORTANT REMINDER**

Please do not forget to write your  
P.R. Card Number or UCI and your  
complete home address and postal  
code as you complete this form.

**NEW BEGINNINGS REGISTRATION AND PARENTAL CONSENT FORM**

**“The New Comers Program is a co-ed summer program designed children ages 6-12, which is restricted to refugees and newcomers to Canada.”**

**Personal Information-Participant/Child**

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth (Year/Month/Day): (     /     /     )     Age: \_\_\_\_\_

Male ☐     Female ☐     Other ☐

Country of origin: \_\_\_\_\_     Language Spoken: \_\_\_\_\_

Residency Status: ☐ Immigrant     ☐ Refugee

Immigration Document Number (Starts with a letter, followed by 9 digits):

\_\_\_\_\_

Phone Number: (     )     -     Cellular Number: (     )     -

Email: \_\_\_\_\_

Home Address: \_\_\_\_\_     City: \_\_\_\_\_     Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Grade Level: \_\_\_\_\_     School: \_\_\_\_\_

**Parent/Guardian Information**

Mother's First Name: \_\_\_\_\_     Last Name: \_\_\_\_\_

Home Phone No: (     )     -     Work No: (     )     -     Cell No: (     )     -

Father's First Name: \_\_\_\_\_     Last Name: \_\_\_\_\_

Home Phone No: (     )     -     Work No: (     )     -     Cell No: (     )     -

Emergency Contact Name: (     )     -     Emergency Contact No: (     )     -



**Please provide the date child arrived in Canada (further proof may be requested):**

(Year/Month/Day): \_\_\_\_\_

**The New Beginnings Program is a free program for children who have arrived in Canada less than a year. Due to the competitiveness of this program, please write a paragraph below explaining your reason for applying.**

[illegible]

Children will need to be dropped off in **Gym 3** of the **Kinesiology Building**. Morning Drop off will run from **7:45 A.M. to 9:00 A.M.** and afternoon pick up will run from **3:45 P.M. to 5:15 P.M.**

Please **highlight** the time slots you would regularly drop off and pick up your child/children:

**Drop Off Times (Select Times That Apply):**

7:45 A.M. – 8:15 A.M.

8:15 A.M. – 8:45 A.M.

8:45 A.M. – 9:00 A.M.

**Pick Up Times (Please Select One Option):**

3:45 P.M. – 4:15 P.M.

4:15 P.M. – 4:45 P.M.

4:45 P.M. – 5:15 P.M.

## **PARENTAL CONSENT**

- I/We know that sufficient information has been provided by the University of Regina with respect to the planned activity, duration, location, participants and supervision.
- I/We understand that the rules and regulations established for the program are designed for the safety and protection of the participants and hereby undertake to inform and expect my child to abide by these rules and regulations.
- I/We understand that it is my/our responsibility to provide transportation for my child in going to the location of the activity and after my child's participation in activities.
- I/We understand that the University will not be responsible for my child after his/her participation in the activity or after the service ends.
- I/We hereby give permission for photos and or videos of my child captured during the activity to be used by University of Regina in promotional materials through website, social media, newsletters, posters and publications waiving my rights of compensation or ownership thereto
- I/We hereby allow my child to be captured and or interviewed by the press in the event of a media coverage

I allow my child's photo/video to be taken during the activity for promotional ☐

I do not want to have my child's photo / video to be taken during the activity ☐

Use as well as for media release

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I have read this Consent Form and understand and accept its terms.**

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Date: \_\_\_\_\_



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## PARENT / GUARDIAN CONSENT FORM FOR MEDICAL PURPOSES

Family Doctor: \_\_\_\_\_

Doctor's Phone no: (     )     -

Any physical or behaviour issues which may affect the participation in activities? Please specify below.

Does your child have allergies? ☐ No ☐ Yes Allergic to: \_\_\_\_\_

If your child carries medication, where is it kept? : \_\_\_\_\_

Child's Health Card Number: \_\_\_\_\_

Will you require program staff to administer medication (including epi-pens)? ☐ No ☐ Yes  
If yes, please let the staff or the supervisor know the details.

Are there any other important information or details you may want to specify? If yes, use the space below.

I consent to my child's participation in the Program. I am aware there is a risk of injury. These types of injuries may be minor or serious and may result from one's actions, or the actions or inaction of others, or a combination of both. I consent to my child's participation in spite of such risks.

I acknowledge that it is my responsibility to advise Regina Open Door Society of any medical or other conditions which may affect my child's participation in the Program.

In the event that my child requires medical attention, I consent to my child being transported to the nearest emergency centre, including by ambulance if necessary, and accept that I am responsible for any costs of such ambulance service.

Parent/ Guardian Signature:

Parent / Guardian Name:

Date: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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