



Quintilian Social Club

244 McMahon Ave.
Kingston, Ontario
K7M 3H2

PHONE: (613) 542-0400

www.quintilianschool.org

REGISTRATION FORM

CLUB MEMBER'S INFORMATION

First Name: _____ Last Name: _____

Address _____

Gender: Male: _____ Female: _____

Date of Birth: _____ School: _____

Grade (as of September 1, 2010): _____

PARENT INFORMATION

Parent #1/Guardian Name: _____

Phone #: (h) _____ (w) _____ X _____

E-mail: _____

Parent #2/Guardian Name: _____

Phone #: (h) _____ (w) _____ X _____

E-mail: _____

All person(s) authorized to pick up my child:

EMERGENCY CONTACT:

In case of emergency please provide us with names and phone numbers of contacts if we cannot contact you.

Contacts: Name: Phone #:

Emergency #1

Emergency #2

MEDICAL INFORMATION:

Are there any particular medical problems your child may be experiencing which we should be aware of?

___ Allergies ___ Serious Illness _____ Medications

Explanation: _____

CLUB MEMBER PROFILE

What are your child's strengths?

What areas/situations does your child find challenging?

PUBLICITY RELEASE

I give permission for my child to be photographed during Homework Club activities and for these photos to be used in

Club Website

Club Publicity

Inner Club Only

WAIVER

I hereby release, waive and forever discharge Club Quintilian/ Quintilian School (1745129 Ontario Inc), and their employees of and from all claims arising from participation in any activity unless such injury, loss or damage is caused by the sole negligence of Club Quintilian., or its employees while acting within the scope of their duties. I permit my child to attend Quintilian Homework Club. I provide permission for my child to participate in the full range of activities, unless I notify Quintilian Homework Club otherwise in writing. I authorize the program director, in the event of accident or illness affecting my child, to approve all procedures and related expenses, including admission to the hospital, surgery, anesthesia, injections or any other necessary treatment therein, as deemed essential for the care and well-being of my child. Such action is to be taken only when immediate contact with the undersigned or the emergency contact cannot be made. I agree that, having taken such precautions as in your discretion are deemed advisable, Club Quintilian/ Quintilian (1745129 Ontario Inc), shall not be held responsible for any accident or sickness affecting my child, or for any loss or damage to his/her personal property.

Signed

Printed Name

Dated



Social Club 2011-2012

Tuesday nights
6:00-8:30

Member's Name _____

I would like to register for:

Yearly Membership

\$65/ month commitment for 10 months

I understand that if I cancel my child's membership, I am responsible for the following month's membership fee _____ (initial here)

Drop In Membership

\$20 per session

*(subject to availability- must call ahead to ensure space)