

Registration & Waiver Package

Date of Enrollment: _____

Camp Name: _____

Name of Child: _____ Birth date: __/__/__ Sex: M__ F__

Health Card#: _____

Child's Doctor: _____ Phone: _____

Full name of Mother/Guardian: _____

Full name of Father/Guardian: _____

Mother/Guardian's Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Place of work: _____ Hours: _____

Father/Guardian's Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Place of work: _____ Hours: _____

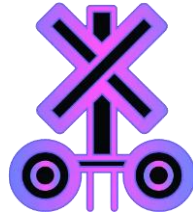
Person(s) to contact in case of emergency/Authorized to pick up child:

1. Name: _____ 2. Name: _____

Relationship to child: _____ Relationship to child: _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____



Other Person(s) Authorized to pick up child:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Names of other children in family:

Name: _____ Birth date: __/__/__

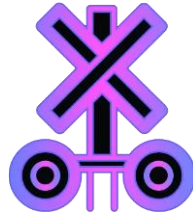
Name: _____ Birth date: __/__/__

Name: _____ Birth date: __/__/__

Has child had previous experience away from home? Yes () No () If yes please explain:

Are your Child's immunizations up to date? Yes () No () If no please explain:

Note: attach a copy of immunization record



Child's Health History

Does child have any known health problems? Yes () No () (Attach documentation if yes)

Check (√) any of the following illnesses the child has had:

- Asthma Earaches Mumps Whooping Cough Bronchitis
Eczema Pneumonia Polio Chicken Pox Frequent Colds
Croup Convulsions Measles Influenza Rheumatic Fever
Diphtheria Tonsillitis Tonsillitis Other: _____

Please list any injuries child has had: _____

Does your child have any know allergies? Yes () No () If yes, what are they and what are your child's reactions: _____

Does your child take any medication on a regular basis? Yes () No () If yes please list the name of the medication(s) and the medical condition for which it is taken:

Do you have any concerns about your child's development? Yes () No () If yes please comment: _____

Please comment on any other medical information/ or special need the childcare provider should be aware of:

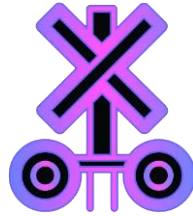
I authorize the childcare provider or staff to seek emergency services for this child, including a public health nurse, physician, or ambulance if needed. (Ambulance fees and/or health care costs are the responsibility of the parent/guardian)

(Date)

(Signature of parent/guardian)

(Signature of childcare provider)

(Signature of parent/guardian)



Authorized Pick-Ups

I give permission for the person(s) named below to pick up my child from The JunXion

I understand that The JunXion staff will not contact me if the person(s) mentioned below attempts to pick up my child. The person(s) listed below will be required to provide identification upon request.

Name _____

Home Phone Number _____ Cell Phone Number _____

Address (street name & number, city, postal code)

Place of Employment _____

Phone Number _____

Address (street name & number, city, postal code) _____

Name _____

Home Phone Number _____ Cell Phone Number _____

Address (street name & number, city, postal code) _____

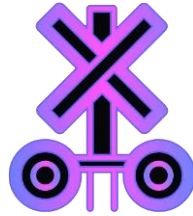
Place of Employment _____

Phone Number _____

Address (street name & number, city, postal code) _____

Signature (mother/guardian) _____ Date _____

Signature (father/guardian) _____ Date _____



Emergency Medical Contact

(It is a requirement that at least one emergency contact be listed)

I give permission for the person(s) named below to be contacted in the case of an emergency. Should The JunXion be unable to contact the parent/guardians, I authorize this person(s) to act on my behalf in case of emergency.

Name _____

Home Phone Number _____ Cell Phone Number _____

Address (street name & number, city, postal code)

Place of Employment _____

Phone Number _____

Address (street name & number, city, postal code)

Name _____

Home Phone Number _____ Cell Phone Number _____

Address (street name & number, city, postal code)

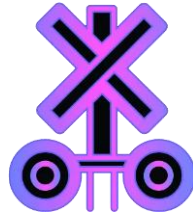
Place of Employment _____

Phone Number _____

Address (street name & number, city, postal code)

Signature (mother/guardian) _____ Date _____

Signature (father/guardian) _____ Date _____



Emergency Medical Care

I grant permission for a The JunXion staff member to take whatever steps are deemed necessary if emergency medical care is warranted.

These steps may include but are not limited to the following.

1. Attempt to contact parent/guardian
2. Attempt to contact child's physician
3. Attempt to contact child's emergency contact person(s).

If the above persons cannot be contacted the following may occur.

1. Call another physician
2. Call an ambulance
3. Have the child taken to the emergency department of a nearby hospital, accompanied by a The JunXion Staff member.

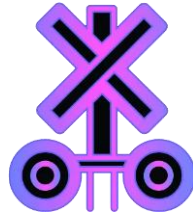
Please note

Any expense incurred under circumstances listed above will be borne by the child's family.

The JunXion is not liable for incidents caused by false information provided during enrolment.

Signature (mother/guardian) _____ Date _____

Signature(father/guardian) _____ Date _____



Photo/Video Permission Form

Child's Full Name: _____

Photographs and Videos are taken on different occasions such as birthdays, holidays, outings and special occasions. We use these pictures/videos in our childcare home for teaching, arts & crafts, albums and various other things.

Please mark the appropriate box:

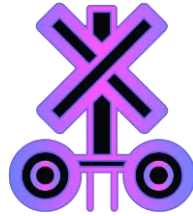
I give permission I do not give permission to the above-named provider to take photographs or have photographs taken of the above-named child should the occasion arise.

Please mark the appropriate box:

I give permission I do not give permission to the above-named provider to take video's or have video's taken of the above-named child should the occasion arise.

Date: _____ Parent Signature: _____

Provider's Signature: _____



Excursion & Transportation Form

I hereby give permission to The JunXion for my child _____ for the following:
(Name of Child)

- To participate in excursions not involving transportation such as walks in the neighborhood, walks to the playground, walks back and forth to school, parks and libraries.

- To participate in excursions involving public or private transportation to locations such as libraries, parks, playgrounds, museums and pet stores.

Comments or Exceptions:

Date: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND
INDEMNITY AGREEMENT (the "AGREEMENT")**

I represent that I understand the nature of the programs, activities, all virtual reality related equipment, arcade stations, dino dig, advice, and care (the "Activities") offered at 1000605462 Ontario Inc. or The Motion Room Inc. (the "Releasees"), and that I am qualified, in good health, and in proper physical condition to participate in the Activities. I acknowledge that if I believe conditions are unsafe, or I suffer from any existing health issues that may prevent me from safely engaging in the Activities, I will immediately discontinue participation in the Activities. I fully understand that the Activities involve risks to me personally, including serious bodily injury, permanent disability, paralysis, allergic reactions or other bodily reactions, or even death, which may be caused by my own actions or inactions, those of others participating in the Activities, the conditions in which the Activities take place, or the negligence of the Releasees. I further acknowledge and agree that there may be other risks either not known to me or not readily foreseeable at this time. I fully accept and assume all risks associated with or related to, directly or indirectly, the Activities.

I further agree to release and forever discharge the Releasees, and its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activities takes place (each considered one of the "Releasees" herein) from any and all liability, claims, demands, losses, or damages, caused or alleged to be caused in whole or in part by my participation in the Activities, the negligence of the Releasees or otherwise, including without limitation any negligent rescue or medical actions. I agree that if, despite this agreement I, or anyone on my behalf, makes any claim, action, complaint, or proceeding against any of the Releasees related to my participation in the Activities, I will indemnify, and save and hold harmless, each of the Releasees from any loss, liability, damage, or cost, which may incur as the result of such claim, action, complaint, or proceeding and further agree that this agreement may be raised as an estoppel and pleaded as a complete defence and reply thereto on a summary basis. I further acknowledge and accept that photos, audio, videos and other types of images may be recorded at any time while participating in all activities, events and appearances at 1000605462 Ontario Inc. or The Motion Room Inc. I hereby acknowledge and that these may be used for marketing, promotional & advertising purposes and grant permission for the use of these images and will not receive compensation for use of those images.

I have read this agreement and understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

AND, in the event the participant is under 18 years of age, I, the Minor's parent and/or legal guardian, acknowledge that I understand the nature of the Activities and the Minor's experience and capabilities and believe the Minor to be qualified to participate in the Activities. I hereby agree to release, forever discharge, and covenant not to sue the Releasees, and to indemnify and save and hold harmless each of the Releasees, all upon the same terms and conditions as stated in this agreement.

I acknowledge that I have read this agreement and understand that on behalf of said Minor, that I, or the Minor, have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Date: _____

Printed name of participant

Signature of participant

Printed name of Parent/or Legal Guardian

Signature of Parent/or Legal Guardian