

| (Please print) Participant Surname, First Name:   |                                 | (YYYY-MM-DD)                    | Date of Birth:      | Age:                   |
|---|---------------------------------|---------------------------------|---------------------|------------------------|
|   |                                 |                                 |                     |                        |
| (Please print) Parent/Guardian Surname, First<br>Name:  | Relationship to<br>Participant: |                                 | Phone #:            |                        |
|   |                                 |                                 | Primary:            |                        |
|   |                                 |                                 | Secondary:          |                        |
| (Please print) Emergency Contact Surname,<br>First Name:  | Relationship to<br>Participant: |                                 | Phone #:            |                        |
|   |                                 |                                 | Primary:            |                        |
|   |                                 |                                 | Secondary:          |                        |
| se let us know if your child/youth has a disability or any special need   |                                 |                                 |                     |                        |
| behavioral, or developmental. <b>Please provide tips 8</b><br>provided will help WinSport best cater to support your  |                                 |                                 | o mitigate potentia | i situations. Any info |
| Please state any allergies, medical conditions, m<br>aware of. If your child/youth requires medication, pl  |                                 |                                 |                     |                        |
| Child Pickup Information<br>At the end of each lesson, children must be signed ou<br>pickup your child. A password is a <i>minimum</i> 4-digit no<br>or whoever will be picking up your child must provide<br>PIN/Password: | umber or sho<br>this same p     | ort word to sign ou<br>assword. |                     |                        |
|   |                                 |                                 |                     |                        |
| <b>Self-Sign Out (Optional for ages 12 and up)</b><br>At the end of each lesson, children must be signed ou<br>guardian, or <i>you</i> may choose to have your child to sig   |                                 |                                 |                     | t by a parent or       |
| By submission of the form, I, the parent or guardian (<br>themselves out of WinSport's Sport Program(s). I und<br>longer be under the supervision or responsibility of W  | lerstand that                   | once my child is s              |                     |                        |
| L YES   |                                 |                                 |                     |                        |
|   |                                 |                                 |                     |                        |
| WinSport recommends setting a safe, prearranged me  |                                 | or participants usin            |                     | _                      |
| (Please print) Parent/Guardian Surname, First N   | vame:                           |                                 | Program Da          | ates:                  |
| Parent/Guardian Surname, First Name Signature   | e                               |                                 | Date:               |                        |
| (I have read the information contained on this page a the best of my knowledge)   | nd answered                     | l all the questions t           | .o                  |                        |