



Happy Feet Running Program

St. Mary's Community Development & Recreation

Thursday's 2:30 – 3:15 p.m.

St. Mary's Education Centre/Academy

8 weeks – October 5th – November 23rd

Please write a note in your child's agenda for every week your child will be staying after school for Happy Feet. Teachers/staff must know when your child is NOT getting on the bus.

Participant information:

Child's Name: _____ Date of Birth: ____/____/____/ Age: _____

Current Grade: _____ Nova Scotia Health Card # _____ EXP _____

Home Phone Number: _____ Parents email: _____

Full mailing address: _____

Parent/Guardian Information:

Name: _____ Work Phone: _____ Cell Phone: _____

Name: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact information (other than parent/guardian):

Name/relation: _____ Work Phone: _____ Cell Phone: _____

Name/relation: _____ Work Phone: _____ Cell Phone: _____

Additional Information

Medical Conditions: list any medical conditions of allergies that recreation staff should be aware of:

Photos: Please sign if you DO NOT want your child's photo taken. _____

Child Pick-up: Please list all parties that have permission to pick-up your child from this program:

WAIVER (Please Read):

I, the above named candidate (Age 19+) or one of the parents/guardians of the above named candidate (age 18 or under) for the above specified program(s) hereby give my approval myself or for that child to participate in any and all activities pertaining to the above program. IT IS UNDERSTOOD AND AGREED THAT THERE IS AN INHERENT RISK IN ANY PROGRAM AND THE MUNICIPALITY OF THE DISTRICT OF ST. MARY'S, ITS STAFF AND ITS PROFESSIONAL AND NON-PROFESSIONAL VOLUNTEERS ARE IN NO WAY RESPONSIBLE FOR DAMAGE TO OR LOSS OF PROPERTY, OR INJURY TO PARTICIPANTS. I, THE UNDERSIGNED, THEREFORE, RELEASE AND AGREE TO INDEMNIFY AND HOLD HARMLESS THE MUNICIPALITY OF THE DISTRICT OF ST. MARY'S, ITS STAFF AND PROFESSIONAL AND NON-PROFESSIONAL VOLUNTEERS, AND SPONSORS FROM ALL CLAIMS ARISING FROM ANY LOSS OR INJURY SUFFERED BY THE ABOVE NAMED PARTICIPANT ARISING FROM AND OUT OF ANY INJURY SUFFERED BY THE PARTICIPANT WHILE INVOLVED IN ANY RECREATIONAL PROGRAM.

I, (print name) _____ have read and understand the above waiver.

Signature of Parent/Guardian: _____

Date: _____

Happy Feet Running Program

St. Mary's Recreation is hosting an 8 week running program for children in grades primary to 3.

The program will take place Thursday's after school from 2:30-3:15 p.m.

Children must bring proper footwear, clothing and a bottle of water.

If the weather is nice, we will be going outside!

This program will run from October 5th to November 23rd.

Please return this form to SMECA.

Please write a note in your child's agenda to inform teachers/administration that they will be staying for the program and not getting on the bus.