



# Application

**Please complete application and send to the Human League Association; fax, 670-8674; mail or deliver to 471 Ontario St., Sudbury, Ont. P3E 4K4. (Rear entrance.) Telephone 670-8633. Please note: Parent/Guardian needs to sign waivers on reverse of application.**

## Family Information

Name of Child/Youth: \_\_\_\_\_

Birth Date: (Yr)\_\_\_\_\_ (Mo)\_\_\_\_\_ (Day)\_\_\_\_\_ Age:\_\_\_\_\_ Sex:  Male  Female

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

Address: \_\_\_\_\_ Apt./Unit \_\_\_\_\_ PO BOX \_\_\_\_\_ City/Town: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone (Day): \_\_\_\_\_ (Evening): \_\_\_\_\_

Check (✓) if this child/youth is presently under:  Foster Care - or is -  A Ward of the Crown

Does this child/youth have any medical concerns (psychological or physical)?  No  Yes

If Yes, please explain: \_\_\_\_\_

Is this child/youth presently enrolled in a Recreational Activity, such as music lessons, membership at the YMCA, in a sport, or involved in another activity?  No  Yes. If Yes, please explain: \_\_\_\_\_

\_\_\_\_\_ Date activity ends: \_\_\_\_\_

Family's Income Source:  Ont. Works  Disability Pension  E.I.  Low-Income  Band/OSAP

## Activity Information

**Please send in applications ahead of time for seasonal activities.**

1. Activity Requested: \_\_\_\_\_ Start Date: \_\_\_\_\_

2. Organization offering activity: \_\_\_\_\_

3. Organization Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

4. Cost of Registration \$ \_\_\_\_\_

## Referral Agency if Referred

Organization: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Comments: \_\_\_\_\_

**PLEASE SIGN PAGE 2 ----->**

**Waiver and Release of Medical Information**

**To be completed by Parent/Guardian:**

I, \_\_\_\_\_, on behalf of my heirs, executors, assignors, and administrators, release the Human League Association from all claims, demands, or actions arising from my child/youth participating in the PLAY Program. I understand the Human League Association is not legally responsible for any injury, loss, or damage I or my child/youth may sustain while participating in a program sponsored by the PLAY Program. Furthermore, I understand that at some time, the PLAY Program Coordinator may need to discuss the mental and/or physical health of my child/youth with the Recreation Provider and hereby authorize the PLAY Program Coordinator to do so.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Release of Financial Information**

**To be completed by Parent/Guardian:**

I, \_\_\_\_\_, authorize the above Referral Agency (specified on Page 1) to release personal financial information as required for determining the eligibility of my child/youth in the PLAY Program. I further authorize the PLAY Program to collect this information.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Volunteering**

Are you willing to volunteer for the PLAY Program?  Yes  No - If Yes, doing what?

Helping at Bingos  Helping at mall displays  Selling raffle tickets at mall  Helping at BBQ