



SOCIAL CLUB REGISTRATION

41 Baiden Street
Kingston, Ontario
K7M 2J9

PHONE: (613) 542-0400

quintilianway@gmail.com

CLUB MEMBER'S INFORMATION

First Name: _____ Last Name: _____
Gender Male: Female: Date of Birth: _____
Address: _____
School: _____ Grade (as of 09/17): _____

PARENT/GUARDIAN INFORMATION

Name: _____
Phone # 1: _____ Phone # 2: _____
Email: _____
Name: _____
Phone # 1: _____ Phone # 2: _____
Email: _____

Authorized to pick up my child:

EMERGENCY CONTACT

Name: _____ Name: _____
Phone # 1: _____ Phone # 1: _____
Phone # 2: _____ Phone # 2: _____



MEDICAL INFORMATION

Are there any particular medical issues your child may be experiencing that we should know about?

Allergies:

Illness(es):

Medication(s):

CLUB MEMBER PROFILE:

What are your child's strengths?

What situations/ areas do your child find challenging?



SOCIAL CLUB WAIVER

I hereby release, waive and forever discharge The Quintilian Way Inc (962741-3), 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 The Quintilian Way, or its employees while acting within the scope of their duties. I permit my child to attend Quintilian Way Social Club. I provide permission for my child to participate in the full range of activities, unless I notify Quintilian Way Social Club otherwise in writing. I authorize the program co-ordinator, in the event of accident or illness affecting my child, to approve all procedures and related expenses, including admission to the hospital, surgery, anaesthesia, 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, The Quintilian Way Inc (/962741-3), 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.

Signature of Parent/Legal Guardian

Date

PUBLICITY RELEASE FORM 2017/2018

I, _____, give permission for my child(ren) to be photographed during Quintilian Way activities and for these photographs to be used in:

- Print Advertising
- Television Coverage
- Radio Coverage
- Online Coverage

Signature

Date



Social Club 2017-2018

Wednesday Nights- 6:00pm-8:00pm

- Block Two** **\$160**
April 4- June 13th
** no social club on Wednesday May 16th

Block 2 will be announced in mid-November

Payment Options

- 1) Check dated no later than April 1 , 2018 made out to "The Quintilian Way".
- 2) An Email etransfer sent to admin@quintilianway.com with "SocialClub" as they password.