

# Head-start ARTS PROGRAM REGISTRATION FORM

Toronto Community Housing



**Program:** YOUTH ARTS PROGRAM

## PART A: PARTICIPANT(S) INFORMATION

Child's Name ("Participant 1"): First: \_\_\_\_\_ Last Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth (YYYY/MM/DD): \_\_\_\_\_

### Accommodation Needs:

Does the Participant have special needs that require an accommodation?

NO  YES If yes, please list below

Please specify:

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Child's Name ("Participant 2"): First: \_\_\_\_\_ Last Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth (YYYY/MM/DD): \_\_\_\_\_

### Accommodation Needs:

Does the Participant have special needs that require an accommodation?

NO  YES If yes, please list below

Please specify:

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Child's Name ("Participant 3"): First: \_\_\_\_\_ Last Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth (YYYY/MM/DD): \_\_\_\_\_

### Accommodation Needs

Does the Participant have special needs that require an accommodation?

NO  YES If yes, please list below

Please specify:

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## PART B: PARENT/GUARDIAN INFORMATION

Community Residence (TCHC Building Name):	Participant(s) Resides with: (Parents, grandparents, etc.)		
_____	_____		
Address:	Apt/Unit#	City:	Postal:
_____	_____	_____	_____

Parents/Guardian #1 (First Name)	(Last Name)	Home Phone	
_____	_____	_____	
Email:	Cell Phone:	Work Phone:	Other:
_____	_____	_____	_____

Parents/Guardian #2 (First Name)	(Last Name)	Home Phone	
_____	_____	_____	
Email:	Cell Phone	Work Phone	Other
_____	_____	_____	_____

## PART C: EMERGENCY CONTACT (minimum one in addition to parent/guardian)

1#	First Name:	Last Name:	Relationship to Participant(s):
	_____	_____	_____
	Home Phone:	Cell Phone:	Other (work/business phone):
	_____	_____	_____

2#	First Name:	Last Name:	Relationship to Participant(s):
	_____	_____	_____
	Home Phone:	Cell Phone:	Other (work/business phone):
	_____	_____	_____



## **PART D: PROGRAM TERMS AND CONDITIONS**

I accept the following terms and conditions of the Participant(s) participation in the Program:

### **Registration:**

Registration for the Program is only confirmed once the registration form has been completed and terms and conditions have been accepted.

### **Special Needs:**

The Program thrives for inclusion and to support participants with special needs as best as possible. Please understand that due to the nature of some of the Program's activities, the Program might not be suitable for all types of special needs. The Program will be provided in a manner that respects the dignity and independence of all participants. In order to provide the best support to participants with special needs, please provide any relevant details regarding the Participant(s)' special needs in the registration form.

### **Staff and Participants Safety Considerations**

To ensure safety of Participant(s) and their families, Program staff will follow the below guidelines:

1. **Two staff rule:** Two staff are always present during all virtual sessions. There will never be a moment where a participant is alone on-line with a staff member.
2. **Links are not public:** Staff will send a link to the virtual session along with a password to registered families in advance of each virtual session. Participants will be let in, via the waiting room function, by staff- one at a time. This enables staff to ensure that only registered participants are attending sessions.
3. **Locking sessions:** Once all participants are in attendance, staff will lock the virtual session. This ensures that individuals who have not been invited cannot join the session.
4. **Recorded for safety:** All virtual sessions are recorded to ensure that staff and participant safety is always maintained.
5. **No personal information:** Staff trained to never ask for personal information such as address and phone number during a virtual session.

To ensure the safety of all Program participants, Participant(s) must follow the below guidelines:

1. **Adult at home:** An adult is required to be home during each virtual session.
2. **Background matters:** Participants should make their video background as plain as possible, or to create a virtual background if possible, to avoid contents of their home from being seen.
3. **No personal information:** Participants should not ask or share personal information such as address and phone number during a session.
4. **Show kindness and respect:** Participants should be positive members of their group, respect staff and fellow participants and comply with the Program terms and conditions.

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5. **Be on time:** Parents/guardians and Participants need to work hard to arrive to each session on time. This enables Participants to participate in the full Program activities on offer as well as ensures that staff can lock the session to make sure it is safe.

## **PART E: CONSENTS AND WAIVERS**

### **Personal Phone and Electronic Device Use:**

I understand that the Program has a “No Electronic Device Use” policy for participants. This includes cell phones, iPads, electronic game devices, and any other electronic device that can be a distraction to participants. This policy is in effect from the moment participants join a virtual session until the end of the day.

### **RECORDING OF VIRTUAL SESSION CONSENT** *(Check one)*

I give consent to Toronto Community Housing Corporation, its employees, agents, affiliates, subsidiaries, successors, assigns and licensees and those acting with its authorization (collectively “TCHC”) to: (a) take photographs, videos and/or audio recordings of the Participant(s) at the above-mentioned Program (“Recorded Content”); (b) reproduce and modify the Recorded Content in any format in current and future materials such as publications, multi-media productions, websites, documents, bulletins, brochures, videos, films, displays, advertisements (“Program Publications”); and (c) publish, exhibit, display, transmit, distribute, broadcast and display the Recorded Content publicly, with or without the Participant(s)’ name associated with it, for the purposes of promoting, publicizing or explaining the Program, TCHC, its partners and affiliates and its operations and/or for educational, fundraising and/or administrative purposes either in whole or in part by TCHC and/or its partners and affiliates.

### **Ownership**

I acknowledge that TCHC owns all rights to the Recorded Content.

### **Waiver**

I waive any right of mine and any right of the Participant(s) to review or approve the Recorded Content or their inclusion in Program Publications. I also waive any right of mine and any right of the Participant(s) to royalties or other compensation arising from or related to the use of the Recorded Content.

### **Release**

I release and hold harmless TCHC, its directors, officers, employees or agents, its partners and affiliates and their respective directors, officers, employees, agents and volunteers, from and against any claims, damages or liability whatsoever, arising from or related to the use or misuse of the Recorded Content.

### **General**

I have read this document before signing below and I fully understand its contents, meaning and impact. I understand and agree that this consent shall be continuing with no limitations or reservations and shall be binding on me and the Participant(s), our respective heirs, executors, administrators and assigns. I give this consent voluntarily. This consent may be withdrawn by me at any time, upon written notice to TCHC.

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I represent that I am the parent or legal guardian of the Participant(s) named above. I have authority to act on their behalf and consent to TCHC recording the Recorded Content of the Participant(s) in accordance with the terms above.

OR

I DO NOT give consent for any photos, videos and/or audio recordings to be taken of the Participant(s) while participating in the Program other than those photos, videos and/or audio recordings necessary to deliver the virtual sessions and record them in accordance with the terms and guidelines above

**Internet Exposure and Recording:** I understand that the Program will be transmitted over the internet and I allow the Participant(s) to participate in the Program using audio and video transmission. I understand that the Program sessions will be recorded for safety purposes. All recordings will remain the property of TCHC. I am releasing TCHC and their representatives, affiliates, officers, consultants, directors, employees, agents, shareholders, volunteers, including their heirs, successors and assigns from any and all actions, causes of action, claims and demands resulting from any and all participation in the Program.

### Assumption of Risks:

**Program Participation:** I am the parent/legal guardian of the Participant(s). I wish to enroll the Participant(s) in the Program and acknowledge that the Participant(s)' enrollment and participation in the Program is purely voluntary and in no way mandated by TCHC. I hereby affirm that the Participant(s) is in good physical condition and does not suffer from any known illness, disability or condition, which would prevent or limit the Participant(s)' participation in the Program. I authorize the Participant(s) to participate in all activities of the Program, including physical activities. I understand and acknowledge that participation in the Program may involve physical exercise and/or activities and involves many risks, dangers and hazards.

**Liability:** I hereby assume the full risk of all risks, dangers and hazards, including any injuries (including disability or death), damage or loss, which may be sustained as a result of the Participant(s)' participation in the Program. I further understand that the Program may be conducted by staff or volunteers who may not be licensed, certified, or registered instructors or professionals (the "Staff"). I accept the fact that the skills and competencies of the Staff will vary according to their training and experience.

I, the parent/guardian of the Participants(s) give consent to the Participants(s) to participate in the Program, and hereby grant **TCHC permission to call emergency services on my behalf in case of any emergency.**

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## Waiver and Release:

I hereby agree on behalf of the Participants(s) and myself (including my trustees, administrators, heirs, next of kin, executors, successors and assigns) and hereby irrevocably waive, release and forever discharge, hold and save harmless, and agree to indemnify TCHC, and their representatives, affiliates, officers, consultants, directors, employees, agents, shareholders, volunteers, including their heirs, successors and assigns (the "Releasees"), for and from any and all injury, harm and/or damages of any kind, howsoever caused or arising, as well as any and all liability arising from or related to, directly or indirectly, personal injury, death, disability property damage, expense and related loss, including loss of income, and any other claims for damages the Participants(s) may have now or in the future, including those related, directly or indirectly, in whole or in part, by reason of, or in any way connected with, or arising from the Participants(s) participating in the Program, and notwithstanding that some claims, demands, damages both direct and indirect, costs, expenses, actions and cause of actions, whether in law or equity, may have been contributed to, or occasioned by, the negligence of the Releasees, including but not limited to any negligence or statutory breach pursuant to the *Occupiers' Liability Act, R.S.O. 1990, c. O.2.*

I have read this document before signing below and I fully understand its contents, meaning and impact. I understand and agree that this consent, waiver and release shall be continuing with no limitations or reservations and shall be binding on the Participants(s), me, my spouse, my heirs, executors, administrators and assigns and any other family member or other persons ("Releasers"). I give this consent, waiver and release voluntarily. I understand that I can seek independent legal advice in relation to this informed consent/waiver form and I agree that by signing this form I have either sought independent legal advice or have waived my right to do so.

I understand that any and all actions arising out of this agreement or the Participant(s)' participation in the Program will be governed by the laws of Ontario, Canada and I consent to the exclusive jurisdiction of the courts in Ontario, Canada.

I understand that this form will be used against me, or the Participants(s) or any Releasers in any proceeding in which I or the Participants(s) or any Releasers make any claim against the Releasees.

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## **PART F: SIGNATURE**

**I HEREBY AFFIRM THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENTS. I UNDERSTAND THAT I AM GIVING UP MY RIGHT TO SUE AND THE PARTICIPANT(S)' RIGHT TO SUE, AS DESCRIBED ABOVE, EVEN FOR NEGLIGENCE OF TCHC, THEIR RESPECTIVE EMPLOYEES, PARTNERS, VOLUNTEERS AND AFFILIATES, AND I VOLUNTARILY AGREE TO ITS TERMS.**

**I hereby grant permission for the Participant(s) to participate in the Program on the above terms.**

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

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

Date: \_\_\_\_\_

**PRIVACY NOTICE** - The personal information requested on this form is collected under the authority of the *Housing Services Act, 2011 and s. 28(2) of the Municipal Freedom of Information and Protection of Privacy Act*. The information will be used for the purpose of administering the Program and general administrative purposes. If you have any questions about the collection of this information, please contact Williams Herrada the Supervisor, Active Living and Centralized Programs at 339 Bloor Street W, Toronto, ON M5S 1W8M or at (437) 233 – 2059.