



A sport, fitness and life skills
 facility for people of all abilities.
 varietyvillage.ca

Outreach and Education Form

CONTACT INFORMATION		
Primary Contact:		
School/Agency/Organization:		
Address:		
City:	Province:	Postal Code:
Phone:	Email:	
Permission to contact you by email? <input type="checkbox"/> Yes <input type="checkbox"/> No		
PROGRAM SELECTION		
Please indicate location, time and program of choice. (Activities will include discussion of ability, awareness, diversity, integration and active living.)		
<input type="checkbox"/> On-site (at Variety Village)	<input type="checkbox"/> Off-site (Groups' location/alternative) Please specify:	
Preferred Day (Day/Month/Year)		
1.	2.	3.
Preferred Time (ie. 10:00am-12:00noon)		
1.	2.	3.
Please select your programs of choice.		
# of participants: _____	<input type="checkbox"/> Multi Sensory	<input type="checkbox"/> Inclusive Rec/Sport
<i>Ability in Action Programs</i> <input type="checkbox"/> Inclusive Games-Gymnasium <input type="checkbox"/> School Awareness <input type="checkbox"/> Cooperative Education	<input type="checkbox"/> Health/Fitness	<input type="checkbox"/> Competitive Activities
	<input type="checkbox"/> Adaptive Games-Aquatics	<input type="checkbox"/> Leadership Programs
	<input type="checkbox"/> Team Building	<input type="checkbox"/> Physical Activity
	<input type="checkbox"/> Fitness Friends	<input type="checkbox"/> Accessibility
	<input type="checkbox"/> Inclusive Customer Service	<input type="checkbox"/> Extreme Sports
INFORMATION AND PAYMENT		
<ul style="list-style-type: none"> • We will charge a minimum payment for the number of participants registered • 48 hours notice is required for a variation in participant numbers or the full fee will apply • An additional fee will be applied for extra participants over/ above the number provided on the day of • Please provide payment in advance or on the day of your scheduled session • Payment methods: cash, cheque or credit card by phone • Cheques should be payable to 'Variety Village - Outreach and Education' 		



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WAIVER

Program Name: (ie. Ability in Action - Inclusive Games - Gymnasium)

Participant First Name:

Participant Last Name:

Address:

City:

Province:

Postal Code:

Phone:

Email:

Permission to contact you by email? Yes No

EMERGENCY CONTACT

Primary Contact

Relationship

Home phone:

Business phone:

Cell phone:

Please review and sign below to indicate your understanding and acceptance of the terms outlined in this document.

In consideration of my permission to allow my child to participate in the Variety Village – Ability in Action Program , I, for myself, my heirs, executors, administrators, successors, and assigns, HEREBY RELEASE AND WAIVE, AND FOREVER DISCHARGE Variety - The Children's Charity (Ontario), Variety Village, all other organizations, associations, companies associated with any of the program offered by Variety Village, and their respective agents, employees, officials, servants, contractors, representatives, elected and appointed officials, successors and assigns OF AND FROM ALL claims, demands, damages, costs and actions whatsoever and howsoever caused, arising or to arise by reason of my child's participation in the program or it's associated activities, unless due to negligence's of Variety Village.

Authorized Parent/Guardian Name:

Relationship:

Signature:

Date:



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PHOTO RELEASE WAIVER

Program Name: (ie. Ability in Action - Inclusive Games - Gymnasium)

I hereby acknowledge that any and all pictures/videos/negatives taken at Variety Village will be in accordance with the following criteria and that any future use of the pictures/videos/negatives will be subject to the following conditions.

- 1) Before taking a picture/video on Variety Village property, consent must be obtained from the appropriate supervisor. The supervisor's signature must appear on this release form.
- 2) No picture/video/negative or reproduction thereof taken on Variety Village property may be used for anything other than the purpose stated below.
- 3) No participant at Variety Village shall be included in any picture/video unless they or their parent or guardian has signed a waiver.
- 4) One week's notice should be given to the supervisor of the intent to photograph on Variety Village premises.

I acknowledge having read the above and agree to each term.

Date of Video/Photograph:

Name of Photographer:

Name of Photographer's Organization:

Name of School/Group Being Photographed/Videotaped:

Purpose of Video/Photograph:

Signature of Photographer:

Signature of Supervisor:

PLEASE SUBMIT FORM TO:

Shane Risto
(416) 699 7167 x262
Fax 416 396 0028
sristo@varietyvillage.on.ca

OFFICE USE ONLY

Date submitted:

Approval: