

MARKHAM FEDERATION OF FILIPINO CANADIANS

MFFC YOUTH PROGRAM – Registration Form

NAME:	PHONE #:		
ADDRESS:	CITY:		
POSTAL CODE:	E-MAIL:		
- · · ·	() Performing Arts		
<u>REGISTRATION_FEE:</u> \$80.00/year WAIVER MUST BE SIGNED BY PARENT OR GUARDIAN: (Backside)			
	ogram during performances. We may use these photos in our a grant us permission to use these photos for publicity purposes		
Signature:	Date:		
I give my child Age_ MFFC YOUTH GROUP under the MFFC organization. I take activity.	years, permission to participate in the activities of the eresponsibility in transporting my child to and from the venue of		
Parent or Guardian Name:			
Signature:	Date:		
For MFFC USE:			
Approved By: Director -Youth Program	Receipt #		



MARKHAM FEDERATION OF FILIPINO CANADIANS RELEASE AND INDEMNIFICATION FORM

(For members, program participants, volunteers, instructors or users of the MFFC Centre located at 1151 Denison St., Units 7-9. Markham, Ontario. L3R 3Y4.)

Read before signing

In consideration of being permitted to use the MFFC centre, or join programs and activities provided by/at the MFFC, I/we agree to the following:

The facilities offered by the MFFC Centre are available in order to provide beneficial exercise and enjoyment. I/We understand that the facilities of the Centre must be used in a proper manner in order to minimize the risk of injury. This may be achieved through thoughtful and cautious use of the premises.

In consideration of my group, organization or myself being permitted to use the MFFC Centre, or join in activities or programs, I/we/ourselves/myself/our/my heirs, executors, administrators, successors and assignors, do hereby release and forever discharge, waive and save harmless, protect and keep indemnified Markham Federation of Filipino Canadians, and all of their officers, board members, members, representatives from and against any and all causes of actions, claims, complaints costs, expenses and demands in respect of death, injury loss or damage to members of my group, organization or their property, or my person or property, and/or bodily injury, personal injury or property damage resulting from any actual, threatened or alleged abuse, misconduct of sexual nature, molestation, harassment or any other form of psychological, emotional or mental abuse however caused arising out of my/our being permitted to attend at or in any way take part, prior to, during, or subsequent to activities held at the MFFC Centre as a guest or participant.

I/We understand that the use of the facility is at my/our own risk, and if I /we have any medical restrictions or questions regarding my/our ability to use the facility or participate in any activities, it is my/our responsibility to consult with my/our family physician.

(If applicable) On behalf of my organization/group, I acknowledge that I have read and accept the Release and Indemnification and that my group members are made aware of this and that I am of the age of majority.

Name		For	
	(please print)		(if applicable, group/organization/minor)
Signature		Date	
Witness:			
Name			
	(MFFC Board of Director)		
Signature		Date	