

# ONTARIO SCIENCE CENTRE

## SATURDAY SCIENCE: ELECTRICITY 2024 APPLICATION FORM

This form is to register for **Saturday Science: Electricity**, an in-person event hosted by the Ontario Science Centre team at CF Sherway Gardens. This program is restricted to children ages 8-10. Saturday Science runs on Saturday, December 21, 2024, from 10 a.m. to 12 p.m. Bookings will be accepted until 4 p.m. on Wednesday, December 18, 2024, subject to availability.

Should you be unable to access our online booking page, you may use this form as an alternate method.

**This application may only be completed by a parent or legal guardian of a minor having legal authority to enter into an agreement on behalf of the minor ("parent/guardian").**

Please print clearly and use one form per child. Keep a copy of your completed form(s). Incomplete booking forms will not be processed. Contact us at 416-696-3256 or at [recreationalprograms@ontariosciencecentre.ca](mailto:recreationalprograms@ontariosciencecentre.ca).

### PARTICIPANT/CHILD INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Age at time of Saturday Science \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

Only a custodial parent or legal guardian for this participant should be listed below, as this person will be the only one able to access and change this participant's information before and/or during Saturday Science (including persons authorized to pick up this participant).

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Primary Tel/Cell \_\_\_\_\_ Alternate Tel \_\_\_\_\_

Email \_\_\_\_\_ (Communications will be emailed to this address)

### EMERGENCY CONTACT

Contact if the registering parent/guardian cannot be reached.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Tel \_\_\_\_\_

### PERSON(S) AUTHORIZED TO PICK UP PARTICIPANT

The Centennial Centre of Science and Technology, also known as the Ontario Science Centre, may release my child into the care of the following individual(s) during or after the Saturday Science program. **Only those people listed here, the registering parent/guardian and the Emergency Contact will be able to pick up my child.** All persons will need to show personal photo identification. Each name listed here must match the name on the identification.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

This information is collected under the authority of the Centennial Centre of Science and Technology Act, for registration purposes. From time to time, the Ontario Science Centre may also send you information about other activities, programs, promotions, and opportunities to contribute to the Ontario Science Centre and to conduct customer research. If you do not wish to receive this information or if you have any questions about this collection, please contact: Manager, Recreational and Family Learning Experiences, Ontario Science Centre, 81 Resources Road, Toronto, ON, M9P 3T1.

# SATURDAY SCIENCE: ELECTRICITY 2024 APPLICATION FORM (Continued)

## FEES AND PAYMENT

**\$45** per participant

Price includes all applicable taxes. Fees are waived for Support Persons accompanying program participants with special needs. Support persons must be 18+ and adhere to the Science Centre's general public health requirements.

Upon receipt of your booking form, a Science Centre representative will contact you for credit card payment details (Visa, MasterCard or AMEX only.) We cannot accept cash, cheques or debit at this time. To protect your private financial data, please **do NOT mail, fax or email credit card/payment information.**

## CANCELLATION/MODIFICATION POLICY

Cancellations received before and on Wednesday, December 18, 2024, and all modifications are subject to a \$15 administration fee. No refunds will be given for cancellations made after Wednesday, December 18, 2024.

## SATURDAY SCIENCE PARTICIPATION WAIVER AND MEDICAL CONSENT STATEMENTS

**Please read carefully:**

1. I understand as a parent/guardian of a child who is a participant in Saturday Science at CF Sherway Gardens, hosted by the Centennial Centre of Science and Technology, also known as the Ontario Science Centre ("Ontario Science Centre"), my child will participate in activities including but not limited to physical activities, group games and learning activities indoors at CF Sherway Gardens.
2. I agree that the choice to participate brings with it the assumption of those risks and results that are part of these activities resulting from any cause whatsoever including, but not limited to: **missed doses of medication; contracting COVID-19; scrapes, bruises, fractures and other injuries** sustained in physical activity indoors.
3. I agree that the Ontario Science Centre, its trustees, officers, directors, employees, agents and independent contractors, shall not be liable for any personal injury to my child or any loss/damage to my child's personal property arising from, or in any way resulting from, my child's participation in these activities **due to any cause whatsoever, including negligence, breach of contract, or breach of any statutory duty of care or other duty of care, including any duty of care owed under any applicable occupier's liability legislation.**
4. I authorize the Ontario Science Centre to administer first aid to my child and to secure medical care for my child in an emergency as deemed appropriate by the attending physician(s).
5. I certify that the information provided in this registration form is, to my knowledge, true and complete.
6. I have read and understood the above waiver and consent and confirm that I am the parent or legal guardian of the child mentioned herein who is a minor.
7. I confirm that I have the complete custody, care and control of the minor and have the legal authority to sign this consent and waiver on behalf of the minor and that the consent of no other person or entity is required.

**I have read and agree to these terms**

## ACKNOWLEDGMENT

1. **Review of Saturday Science Participation Waiver:** I have had full opportunity to review the **Waiver** and fully understand the terms of the **Waiver** and the fact that I am waiving certain legal rights which my child or their heirs, next of kin, executors, administrators, assigns and representatives may have against the Ontario Science Centre.
2. **Opportunity to Obtain Independent Legal Advice:** I have had full opportunity to obtain independent legal advice relating to the **Waiver**.
3. **No Pressure or Influence:** I am granting this **Waiver** freely and voluntarily and as my own act without any pressure or influence from or by any person.
4. **Reliance:** The Ontario Science Centre is relying on this Acknowledgment and Waiver in entering into this Agreement.

Name of parent/legal guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent/legal guardian \_\_\_\_\_