

To be completed upon initial registration – This information is requested to help us to better support the individual registering for classes. This information will not be shared outside of the Community Junction.

To submit by mail or in person:

Community Junction
2934 Dundas Street West,
Toronto, ON M6P 1Y8
647-729-3508

By Email:

communityjunction@cltoronto.ca

Individual Information:			
Individual's Full Name:			
Health Card Number:		Date of Birth:	
Street Address:		Suite/Apt.	
City:		Postal Code	
Home Phone:		Cell Phone:	
Email Address:		Support Person (If Applicable) Name: Number: Email:	
Emergency contacts:	Name:		
	Relationship:		
	Contact Number(s):		
Emergency contacts:	Name:		
	Relationship:		
	Contact Number(s):		
<i>PLEASE ENSURE THAT THE REGISTRANT CARRIES EMERGENCY ID/INFORMATION WHILE ATTENDING CLASSES</i>			
Waiver of Liability: Community Junction and Community Living Toronto shall not be liable, either directly or indirectly, for any claims, or any damages, costs and expenses, including but not limited to personal injury, property damage or lost or stolen property, arising from or connected with participation in any activity contemplated by a registration, whether or not such injury, damage or loss occurred as a result of any negligence, negligent misrepresentation, breach of statutory duty, breach of the Occupiers' Liability Act and/or breach of contract on the part of Community Junction and Community Junction.			
I have read and understood the Waiver of Liability: _____			
Signature			Date

Medical Behavioural Alerts:

Our class instructors are not able to assist with challenging behaviour or complex medical needs. Community Living Toronto staff support in classes is limited. If you or the individual you are supporting has high behavioral or medical needs individualized support will be required. You are able to purchase Fee-for-Service 1:1 individualized staffing from Community Junction at an additional cost. Alternatively, you are welcome to bring your own support with you to assist you in participating in classes.

Please contact us to discuss 1:1 support needs.

Medical Considerations: (Recent procedures, conditions, food allergies, medications effects, seizures, mental health, etc.)	
Behavioural Considerations: (Does this person experience anxiety, high level of stress, or have any behaviour you feel we should be aware of? Are there any “triggers” – crowds, loud noise, etc. that should be avoided?)	
Support in challenging situations: (How can we best support the individual through a challenging situation?)	

Excursions Permission:

I/We give permission for _____ to go on community excursions during their attendance in Community Junction classes. I/We hereby absolve Community Living Toronto of any responsibility for any injuries that may occur in class or on the aforementioned excursions.

Name

Signature

Date

Acknowledgement:

I confirm that the information provided above is correct and true. I am responsible for updating Community Junction as soon as possible when my information changes.

Name of Person completing form:		Date:	
Signature of Person Completing Form:		Signature of Individual Attending Classes (if not completing form):	

Please complete the attached forms

Public Relations & Fundraising

PUBLICITY AND RELEASE FORM

External and Internal Purposes

I hereby authorize my name, likeness, image, voice, interview, and performance to be used for the education, public relations and fundraising purposes of the Association and our community partners. I also authorize pictures (photographs/videotape/film) of myself to be taken for these purposes.

I understand that some examples of such uses are: the Annual Report, newsletters, brochures and fact sheets, slide shows, videotapes, displays, posters or billboards, releases to newspapers, DVD/video production, and Community Living Toronto's Corporate or Connect *ABILITY* web sites. This also includes Community Living Toronto's social media channels, including, but not limited to facebook and twitter. My consent is for such purposes as the Association may consider appropriate, and is not limited to these examples. Third party consent, such as community partners' websites (e.g. United Way, Community Living Ontario, corporate or foundation boards, etc), and print/tv/radio media will be discussed in person, by phone or email.

Name _____ Date _____

Location _____

(Signature)

(Signature of Witness)

Date: _____

Date: _____

Address: _____

Phone: _____

Email: _____

In the event that an individual is under 18 years of age or lacks the capacity to give consent or lacks the ability to understand the issue of consenting to publicity, consent of the parent or legal guardian is required.

I hereby state that I am the legal guardian of the above-mentioned individual and give consent for this person to be involved in Community Living Toronto publicity as stated.

(Signature of Guardian)

(Signature of Witness)

Date: _____

Date: _____

PERSONAL INFORMATION CONSENT FORM INDIVIDUALS/FAMILIES RECEIVING SERVICE

Your privacy is important to us. Community Living Toronto commonly collects, retains, uses and discloses personal information for the purposes of: providing direct service to the individual and/or family, supporting health care professionals in their treatment of the individual, making referrals to other organizations for service/ support, obtaining access to government assistance or supports as required by the individual, and providing volunteering and gift giving opportunities.

Information collected is retained at the appropriate program site, in Regional files and on computer record. This information is kept confidentially under lock and key or secure password.

Access to this information is restricted to Community Living staff and, as required, to individuals who maintain the computerized information systems. Individuals in service, or their designate*, also have access to the individual's personal records.

Requests to disclose personal information about an individual in service to an external source will only be considered upon the completion and submission of the "Consent to Release Information" form. Personal information may also be disclosed if required by law.

If you have any questions concerning your personal information, please contact the Privacy Officer at privacyofficer@cltoronto.ca or 20 Spadina Road, Toronto ON M5R 2S7 or 416-968-0650.

** normally the individual who has been identified as the primary contact*

I _____ consent to Community Living Toronto collecting, retaining and disclosing my personal information in a secure manner consistent with the purposes outlined above.

I agree that _____ in his/her role as _____ may have access to my personal information.

Signature

Date

I, _____ reviewed this consent with _____ on _____.

CONSENT TO RELEASE INFORMATION

Name of Individual: _____

Date of Birth: _____

I / We hereby authorize:

Name/Agency: _____

Address: _____

To release to:

Name/Agency: _____

Any and all information about the above named individual pertaining to:

for the purpose of: _____

Signature of witness

Signature of individual/parent/
guardian

Relationship

Signature of witness

Signature of individual/parent/
guardian

Relationship

Date signed

Expiry date



CANCELLATION & WITHDRAWAL INFORMATION

Reason	Notes	You Receive....
Activity Cancellation: We may cancel an activity due to low enrolment or unforeseen circumstances.	Every effort is made to accommodate the participants in another activity, but if not possible, a refund will be issued.	<ul style="list-style-type: none"> • a full credit or refund • no administration fees
Medical: A medical certificate (Dr's Note) is required.	Request must be made BEFORE mid-way point of the activity/camp.	<ul style="list-style-type: none"> • a pro-rated refund, less administration fees of \$35.
Activity Withdrawal 2 Weeks BEFORE Activity starts.	Requests must be made a minimum of 2 Weeks notice before activity start date.	<ul style="list-style-type: none"> • a full refund less Administration fees of \$35
Activity Withdrawal Without required notice before Activity.	We receive notification of withdrawal with less than 2 Weeks notice before activity start date	<ul style="list-style-type: none"> • a 50% refund, less administration fees of \$35.
Activity Withdrawal After Activity starts.	Once an activity has started with no attendance, a request for refund will not be accepted.	SORRY, no refund.

Non-attendance does not constitute notice of withdrawal. Receipts issued, must be returned to be eligible for the appropriate refund.

Missed Classes: In the event that a participant is unable to attend a class (es), we regret that make-up class (es), refunds or credits cannot be offered.

Payment: Full payment of activity fees must be made at the time of registration. Acceptable methods of payment are Cheque, Credit Card, Debit Card, Electronic Cheque and Internal Line Transfer - if you are in service with Community Living Toronto. **We do not accept cash.**

Health and Safety: We reserve the right to ensure the Health and Well being of all Participants. Participants will be sent home, if there is infectious illness identified that may pose a risk to other staff or Participants.

Waiver of Liability: We Shall not be liable, either directly or indirectly, for any claims, or any damages, costs and expenses, including but not limited to personal injury, property damage or lost or stolen property, arising from or connected with participation in any activity contemplated by a registration, whether or not such injury, damage or loss occurred as a result of any negligence, negligent misrepresentation, breach of statutory duty, breach of the Occupiers' Liability Act and/or breach of contract on the part of Community Junction.

Inclement Weather: In the event of inclement weather we will make every effort to add an additional class at a later date to make up for the missed class.