

# Program Waiver Form

Start Date (yyyy/mm/dd): \_\_\_\_\_

End Date (yyyy/mm/dd): \_\_\_\_\_

Program: \_\_\_\_\_

This form must be completed and given to the instructor prior to the program in order for the child to participate.

---

Participant Name: \_\_\_\_\_  
First Last Preferred First

Birth Date: (yyyy/mm/dd) \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_ Care Card #: \_\_\_\_\_

Participant School Name: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/ Guardian: \_\_\_\_\_ Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_  
Print Name

Parent/ Guardian: \_\_\_\_\_ Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_  
Print Name

Email: \_\_\_\_\_

Does Participant have a life-threatening allergy/condition?

☐ No ☐ Yes

Does participant have an epi-pen?

☐ No ☐ Yes

Does participant have behaviours that staff should be aware of?

☐ No ☐ Yes

Are there any custody agreements or other family information  
that program leaders should be aware of?

☐ No ☐ Yes

**Please Note:** This information helps improve the safety of your child's participation in our programs. If you have indicated "yes" to any of the above questions, you must **speak with a staff** and **fill out the additional program support form**.

Is there anything else we need to know about the participant?

(Examples: Medical conditions, medication, general allergies, dietary restrictions, fears, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

## EMERGENCY CONTACTS: (Other than parent/guardian listed above)

1) Name \_\_\_\_\_  
First Last

Relationship to Participant: \_\_\_\_\_ Phone: \_\_\_\_\_

2) Name \_\_\_\_\_  
First Last

Relationship to Participant: \_\_\_\_\_ Phone: \_\_\_\_\_

# Program Waiver Form

Start Date (yyyy/mm/dd): \_\_\_\_\_

End Date (yyyy/mm/dd): \_\_\_\_\_

Program: \_\_\_\_\_

This form must be completed and given to the instructor prior to the program in order for the child to participate.

---

**SIGN-IN/OUT AUTHORIZATION:**My Grade 5 child is permitted to: Sign themselves **IN** to the program ☐ No ☐ YesSign **OUT** and leave unaccompanied at the end of the program ☐ No ☐ Yes

Parent/ Guardian Signature: \_\_\_\_\_ Date: (yyyy/mm/dd) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**PICK – UP AUTHORIZATION: (Other than parent/guardian)**

The following people are permitted to pick-up my child after the program

1) Name \_\_\_\_\_ Phone: \_\_\_\_\_  
First Last2) Name \_\_\_\_\_ Phone: \_\_\_\_\_  
First Last**PHOTO & VIDEO AUTHORIZATION:**

I grant the City of Pitt Meadows personnel permission to take photographs, video and audio recordings of my child and authorize the City to use recordings for the purpose of publicity, advertising, and promotion.

☐ No ☐ Yes

I will provide the City of Pitt Meadows with a photographic image of my child (head shot/portrait), and or I give permission for the City to take a photo of my child on their first day of participation. This photo will be for official use only, and is part of their program participant profile.

☐ No ☐ Yes

I have read all of the Kids Gym program policies and procedures.

☐ No ☐ Yes

I am aware that there are risks associated with the participation in the Program, including the risk of injury, and I consent to my child's participation in spite of such risks. I acknowledge that it is my responsibility to advise the Recreation Program Staff of any medical or other conditions which may affect my child's participation in the Program and have listed them above. I understand that I am responsible for immediately notifying staff/supervisor of any changes to the above information. In the event that my child requires medical attention, I consent to my child being transported to the nearest emergency centre, including by ambulance if necessary. *I have read this form and understand and accept its terms.*

Parent/ Guardian Signature: \_\_\_\_\_ Date: (yyyy/mm/dd) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

*NOTICE: Personal information requested on this FORM is collected under the authority of Section 26 of the Freedom of Information and Privacy Act, R.S.B.C. 1996, c. 165, as amended. Unless otherwise specified, the information gathered will be used by the City of Pitt Meadows for contact and safety purposes of the participant. Questions about the collection, use, and disclosure of this information should be directed to the Head for Freedom of Information and Protection of Privacy, City of Pitt Meadows, 12007 Harris Road, Pitt Meadows, BC, V3Y 2B5, 604-465-2433.*