

Participation 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: _____

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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

My child's immunizations are up to date.

 No Yes Unaware

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) _____/_____/_____

This collection of personal information is authorized under section __ (A) __ of the Freedom of Information and Protection of Privacy Act (FIPPA) and __ (B) __. This information will be used for __ (C) __. Questions can be directed to: Privacy Officer, 604.465.5454, or clerks@pittmeadows.ca.