

Program Participant Information Form (0-18yrs)

We require some information about you prior to leaving your child/ren in our recreation programs and/or facilities. This form must be completed and given to the Instructor on the first day of the program in-order for your child to participate.

Participant 1 - Name _____ Male or Female
Age: _____ Birthdate: _____ Care Card#: _____
Address: _____
City: _____ Postal Code: _____
Home Phone: _____ Cell Phone: _____
Email: _____ *Allergies Yes or No

Participant 2 - Name _____ Male or Female
Age: _____ Birthdate: _____ Care Card#: _____
Address: _____
City: _____ Postal Code: _____
Home Phone: _____ Cell Phone: _____
Email: _____ *Allergies Yes or No

Emergency Contacts

Parent/Guardian #1 _____ Relationship to child _____ Phone _____ Work _____ Cell _____
Parent/Guardian #2 _____ Relationship to child _____ Phone _____ Work _____ Cell _____
Emergency Contact #3 _____ Relationship to child _____ Phone _____ Work _____ Cell _____

Pick-Up Authorization

I hereby authorize the following people to pick up my child/ren, at the program location in the event parent(s) or guardians are unable to and have contacted Recreation Staff prior to pick-up.

Person #1 _____ Phone _____

Person #2 _____ Phone _____

A Safe word will be used to confirm the pick-up person when different than the main authorized person. Please choose a word your child will remember.

Walk Home Authorization

By signing below I give permission to allow my child/ren to walk home/leave after the program is concluded unaccompanied by a parent or guardian.

Parent/Guardian Signature: _____ Date: _____

PHOTOS and/or VIDEO USE

I, the undersigned, parent/ guardian do hereby agree to all the individual(s) names herein to be photographed and pictures to be used solely for the purpose of promoting the City of Pitt Meadows Recreation Programs.

Yes

No

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Important Information about your Child/ren:

Does your child have any... (Identify the child's name if they have any of the following considerations)

Any medical conditions (i.e. Asthma, Diabetes) _____

Take any medication (include type, dosage, times of self-medication)? _____

*Have any Allergies (include those to food, medication, and environment)?

Are any of these Allergies Life Threatening? _____ to what? _____

Has your child experienced Anaphylaxis before? _____

Does the child carry an EPI-PEN? _____ where is it kept? _____

Have any limitations that would mean the child could not participate in activities?

Have any fears that leaders should be aware of (i.e.: water, bees)? _____

Please list any family information or special instructions the Program Instructor should be aware of (custody, other) _____

Please list any other comments or concerns that you have. _____

I consent to my child's participation in this Program: _____

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. 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

Printed Name

Date

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 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.

