



Participant Information Form

Dates: _____ Program(s): _____

*The following information will assist the program staff in developing a better schedule of activities for the participant and in case of an emergency or accident for back-up contact information. This form must be completed and submitted **prior** to the participant beginning the program.*

This Participant's Name _____ Birthdate: _____ Grade: ____ Sex: ____

Other Sibling's Names: _____ This participant can walk home alone (11yr+ only): O yes O no

Parent/Guardian Name: (Mother) _____ (Contact #) _____

Parent/Guardian Name: (Father) _____ (Contact #) _____

Emergency Contact/Authorized to Pick-up this Participant: _____

Are there any custody concerns that we need to be informed about? _____

MEDICAL INFORMATION

Doctor: _____ Phone: _____

Care Card #: _____ Is this participant in good health? _____

I consent for staff to call the physician/ambulance for this participant in case of an accident/illness when the parent/guardian can not be reached immediately. O yes O no

If any medical treatment is required, the parent/guardian agrees to pay and be responsible for all medical costs related to the participant's injuries/treatments. Parent/Guardian's initials: _____

Does this participant have any allergies and what is the course of treatment? _____

Does this participant carry an: O asthma inhaler O epi-pen (If they use an epi-pen, fill out Anaphylaxis Form.)

Complete both sides of this form.

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Is this participant on any other medication(s)? yes no If yes, give description and dosage: _____

Program staff cannot administer medication(s) except epi-pens. With parental/guardian written consent, staff can supervise the administration of medication(s).

Does this participant have any other information that we should be aware of? (ie. special needs, behavioural issues, fears or limitations).

Are there any other reasons why this participant may not be able to fully participate in this program?

yes no (please provide details)

Does this participant need a lifejacket when swimming? yes no

Can we take video and/or photographs of this participant for promotional purposes? yes no

READ PRIOR TO SIGNING

I/We hereby acknowledge that certain RISK OF INJURY are inherent to participation in sports and recreational activities. These types of injuries may be minor or serious and may result from one's actions or the actions or inaction of others, or a combination of both. These risks, danger and hazards may include:

- risks associated with physical exertion,
- weather extremes and environmental factors subject to sudden and unexpected change,
- taking part in and playing games, sports, and activities in parks, the Recreation Centre facility, and other outdoor locations and the normal risk of injury associated with such games, sports, and activities,
- risks associated with getting in and out of and being transported by bus (this only applies to some camps).

I/We the undersigned understand that the RULES and REGULATIONS are designed for the safety and protection of the participants and hereby undertake to abide by these rules and regulations.


I/We permit the Parks and Recreation Department to take named child/youth outside the Parks and Recreation Department's facilities during the regular children/youth services program. I further agree to waive any blame from the Parks and Recreation Department, its organizers and representatives, for any incident or any mishap that may occur to the said minor child.


Parent/Guardian Signature: _____


Clearly Print Name: _____

Date: _____

Return this form to the facility the participant will be attending the program/camp at:

 Hyde Creek Recreation Centre, 1379 Laurier Avenue (604-927-7946)

 The Outlet, #2100 – 2253 Leigh Square (604-927-8400)

 Port Coquitlam Recreation Complex, 2150 Wilson Avenue (604-927-7970)

Complete both sides of this form.

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