

Participation Information Form

*Bring this form with you on the first day of the program

PARTICIPANT

Program Name:		Date:	
Participant's Full Name:			
Address:			
City:		Postal Code:	
Date of Birth:		Care Card #	
Allergies:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Medication:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

EMERGENCY CONTACT

Parent/Guardian:	
Relationship to Participant:	
Main Phone Number:	Alternate Phone Number:
Parent/Guardian:	
Relationship to Participant:	
Main Phone Number:	Alternate Phone Number:
Local Emergency Contact (other than above)	
Relationship to Participant:	
Contact Phone Number:	

SPECIAL INFORMATION

1) Have any medical conditions? (eg. Asthma, Diabetes)
2) Take any medication?(include type, dosage, times of self-medication)
3) Have any allergies? (include those to food, medication, environment)
4) Have any limitations as a result of the above where the child could not participate in activities?
5) Have any fears that Leaders should be aware of? (eg. water, bees)
6) Know how to swim? YES <input type="checkbox"/> NO <input type="checkbox"/> NEVER SWAM BEFORE <input type="checkbox"/>
Level:
7) Please list any family or special instructions that the Camp Leader should be aware of.
8) Please list any other concerns/comments that you may have.

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PICK UP AUTHORIZATION

I hereby authorize the following people to pick up my child, _____ at the program location in the event parent(s)/guardian(s) are unable to and I have contacted the Parks, Recreation & Culture staff prior to pick-up.

1)	Phone Number:
2)	Phone Number:
3)	Phone Number:
Date	Parent/Guardian Signature

FIELD TRIP PERMISSION

Some program activities may include off-site excursions. Parents/guardians will be informed of all off site activities prior to outing. We require all parents/guardians to sign this permission form in order to allow any off-site excursions.

I, _____ hereby give permission for my child, _____ to go on supervised trips with the City of Abbotsford Parks, Recreation & Culture staff.

In the unlikely event that participant named above is injured or becomes seriously ill while with the City of Abbotsford staff, and I cannot be reached, I authorize staff to seek and authorize any and all hospitalization, medical, dental and/or surgical treatment deemed advisable by the circumstances.

While every reasonable precaution is taken with the City of Abbotsford ('The City') programs, I recognize that there are inherent risks associated with the programs. I hereby agree to release the City from all claims, liabilities, obligations and costs which I may have against the City and its respective agents, servants and representatives, arising out of injury, loss or damage that I or my child may suffer while I or my child participates in the program, whether or not arising out of any negligence on the part of the City or its respective agents, servants or representatives.

Signature of Parent/guardian

Date

Privacy Statement- Personal information is collected for the administration of Parks, Recreation & Culture programs only, as authorized under Section 26 of the Freedom of Information and Protection of Privacy Act. The City of Abbotsford does not use or disclose personal information for purposes other than those for which it was collected, except with the consent of the individual whom the information is about or otherwise in accordance with law. The City of Abbotsford retains personal information only as long as necessary for the purposes of this program and as required under the Act. If you have any questions about the collection and use of your personal information, contact the Information & Privacy Coordinator at 604.864.5575, City of Abbotsford, 32315 South Fraser Way, Abbotsford, BC V2T1W7.

Photo Release & Assignment

***Bring this form with you on the first day of the program**

I hereby irrevocably consent to and authorize The City of Abbotsford (The City), its agents or assigns, the irrevocable and unrestricted right to use and publish images and audio of myself ('The Images') for editorial, trade, advertising, promotion or any other lawful purpose in any manner or medium, and to alter the same with out restriction without the payment of any compensation. Further, in favour of the City, I do hereby:

1. Waive any right to notice or approval of any use of the Images;
2. Release the City and its agents or assigns from all claims and liabilities relating to the images of myself or by virtue of alteration, processing or use in composite form;
3. Release all intellectual property rights, including copyright, which I have in or to the images;
4. Assign to the City all moral rights which I have in or to the images.

For participants of Minority Age

Print Name of Minor in Full _____

This is to certify that I/we as parent(s) / guardian(s) with legal responsibility for this participant, do consent and agree not only to his/her release, but also for myself/ourselves, and my/our heirs, assigns and next of kin to the Release and Assignment, as stated above, regarding my/our child's involvement in the taking and use of the Images as stated above.

Parent's / Guardian's signature

Date

Relationship to participant

STAFF TO FILL OUT

Program: _____

Dates: _____