



Participant Information Form

Dates: _____ Program(s): _____

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

Child's Name _____ Birthdate: _____ Grade: ____ Sex: ____

Other Sibling's Names: _____ My child can walk home alone (11yr+ only): yes no

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

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

Emergency Contact: (or Authorized to pick-up child) _____

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

MEDICAL INFORMATION

Doctor: _____ Phone: _____

Care Card #: _____ Is your child in good health? _____

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

Does your child have any allergies and what is the course of treatment? _____

Does your child carry an: asthma inhaler epi-pen **If yes, fill out the Anaphalaxsis Form.**

Is your child on any medication(s)? yes no If yes, give description and dosage: _____

Staff can not administer medication(s). With parental/guardian written consent, staff can supervise your child to take their medication(s).

(Complete both sides of this form.)

Does your child have any other information that we should be aware of? (ie. behavioural issues, fears or limitations)

Does your child need a lifejacket when swimming? yes no

Can we take video and/or photographs of your child 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:

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 your child 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)

For more information, call 604-927-PLAY.

