

Champlain Heights Recreation Centre Consent Form Pre-Teen/Teen Programs (10 to 18 year old)

I, _____ give permission for _____ my child(ren) to participate in the following Champlain Heights Recreation Centre Programs:

Please check the programs your child will be attending:

	Summer Leadership Week 1	Monday-Friday 12:00pm - 5:00pm	July 5 - July 9, 2010
	Summer Leadership Week 2	Monday - Fridays 12:00pm-5:00pm	July 12 - July 16, 2010
	Summer Leadership Week 3	Monday - Fridays 12:00pm-5:00pm	July 19 - July 23, 2010
	Summer Leadership Week 4	Monday - Fridays 12:00pm-5:00pm	July 26 - July 30, 2010
	Summer Leadership Week 5	Monday - Fridays 12:00pm-5:00pm	August 3 - August 6, 2010
	Summer Leadership Week 6	Monday - Fridays 12:00pm-5:00pm	August 9 - August 13, 2010
	Summer Leadership Week 7	Monday - Fridays 12:00pm-5:00pm	August 16 - August 20, 2010
	Camping (10-13yrs)	Monday - Thursday 9:00am-12:00pm	July 19 - July 22, 2010
	Camping (14-17yrs)	Monday - Thursday 9:00am-12:00pm	Aug. 16 - Aug. 19, 2010
	Boat Club	Saturdays 12:00am-4:00pm	July - August 2010
	Other: _____		

RELEASE OF LIABILITY/INFORMED CONSENT:

I recognize that there is some element of risk in programs. On behalf of my child, I release the City of Vancouver, The Board of Parks and Recreation of the City of Vancouver, Champlain Heights Recreation Centre Association and their respective officers, employees and agents from liability for claims for injuries or property loss arising from my child's attendance and participation in activities at this program, and further I agree to indemnify the said and Board, and Association and hold them harmless from any such claims.

Date: _____ Signature of Parent/Guardian: _____

CONSENT FOR MEDICAL TREATMENT:

1. It is our policy that we notify a parent when a child is ill or needs medical attention. Occasionally, we cannot contact parents and we need to get immediate help for the child. Our procedure is to take the child to the nearest emergency service.
2. Please sign the consent below so that we can have appropriate action on behalf of your child. We will take this consent with us to the emergency centre.
3. I hereby give consent for my child, _____ when ill, to be taken to the emergency centre by Champlain Height's staff when I cannot be contacted.
4. I hereby give consent for my child _____ to receive medical treatment.

Date: _____ Signature of Parent/Guardian: _____

Contact Information

Name of Child: _____

Address: _____

Phone: _____ Date of Birth: _____

Parent/Guardian:

Mother Name: _____

Address: _____

Phone: _____ Work: _____

Father Name: _____

Address: _____

Phone: _____ Work: _____

Alternate Person(s) to Call in Case of Emergency:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Emergency Health Information:

Family Doctor: _____ Phone: _____

Family Dentist: _____ Phone: _____

Care Card Number: _____

Any Medical concerns the Champlain Heights staff should be aware of: _____

Pick-Up Information:

My Child(ren) has permission to return home alone after the program: YES NO

If NO, the following people are authorized to pick up my child(ren) from the program:

Consent for Photo Release:

I give permission for the image/photo of my son/daughter, _____, to be used to promote Vancouver Park Board and Champlain Height Recreation Centre programs (example: brochures, photo displays, VPB and CHRC websites, etc...).

Parent's Signature

Date