



FALSE CREEK COMMUNITY CENTRE

1318 Cartwright St. Vancouver BC, V6H 3R8 Phone: 604-257-8195

PARENTAL CONSENT FORM: FOR YOUTH PROGRAMS (*Friday Night Live*) *September 2009 to December 2009*

NAME: _____ BIRTH DATE (D/M/Y) _____

ADDRESS: _____ SCHOOL: _____

PARENT/GUARDIAN'S NAME: _____

PHONE #: HOME: _____ WORK: _____

EMERGENCY CONTACT: NAME: _____ PHONE: _____

PERSON RESPONSIBLE FOR PICKING UP PARTICIPANT: _____

I hereby authorize my son/daughter _____ to participate in the activities sponsored by the False Creek Community Centre.

BASIC MEDICAL INFORMATION (information kept in confidence)

MEDICAL # : _____ DOCTOR: _____

PHONE: _____

- Have you had a *Tetanus Inoculation* or *Booster* in the last 10 years? **Yes / No**

- Have you been under a Doctor's care, or admitted to hospital, in the last 12 months? **Yes / No**

If yes, please specify: _____

- Do you have known *Allergies*: **Yes/ No**

If yes, common reaction: _____

- Do you have a *chronic disability or illness*: **Yes / No**

If yes, please specify: _____

- Do you have *any other conditions* of which you feel the instructor should be aware of? **Yes / No**

If yes, please specify: _____

INDEMNITY AND RELEASE OF LIABILITY

I HEREBY REMISE, RELEASE AND FOREVER DISCHARGE The City of Vancouver, The Vancouver Board of Parks & Recreation, False Creek Community Centre, its employees or agents, of and from all manner of actions, causes of actions, claims and demands of whatsoever nature which my child may have in respect of any injury, loss or expense he/she may sustain arising out of or in any way connect with his/her participation in this program.

Signature of Participant

Signature of Parent/Guardian

Date

PLEASE COMPLETE THE REVERSE SIDE OF THIS CONSENT FORM FOR IT TO BE VALID

**THIS LIST IS FOR YOU, THE PARENT/GUARDIAN, TO MAKE STAFF AWARE OF THE LIMIT(S)
OF YOUR SON/DAUGHTERS PARTICIPATION IN ACTIVITIES FROM**

September 2009 to December 2009

My son/daughter has my consent to participate in any of the following activities that I have approved:

Friday, October 2 nd	6:00-9:30pm Kayaking	\$5	_____
	(FCCC/Alder Bay, Vancouver) **Needs additional consent form		Signature of Parent/Guardian
Friday, October 9 th	6:00-9:00pm Laser Tag	\$10	_____
	(Planet Lazer, Richmond)		Signature of Parent/Guardian
Friday, October 16 th	5:30-9:30pm Playland Fright Nights	\$25	_____
	(Playland, Vancouver)		Signature of Parent/Guardian
Friday, October 23 rd	6:00-8:30pm Stanley Park Ghost Nights	\$5	_____
	(Stanley Park, Vancouver)		Signature of Parent/Guardian
Friday, November 13 th	6:00-9:00pm Indoor Rock Climbing	\$18	_____
	(Cliffhanger, Vancouver) **Needs additional consent form		Signature of Parent/Guardian
Friday, November 20 th	6:00-9:00pm Watermania Swimming	\$6	_____
	(Watermania, Richmond)		Signature of Parent/Guardian
Friday, November 27 th	6:00-9:00pm Laser Tag	\$10	_____
	(Planet Lazer, Richmond)		Signature of Parent/Guardian
Friday, December 11 th	6:00-8:30pm Stanley Park Bright Nights	\$5	_____
	(Stanley Park, Vancouver)		Signature of Parent/Guardian
Friday, December 18 th	5:30-9:30pm Snowtubing	\$25	_____
	(Cypress Mountain) **Needs additional consent form		Signature of Parent/Guardian

1. My son/daughter may leave or be left behind after a program to make their own way home:

yes no

2. Please check whether or not you will allow your child's photograph to be used for the promotion and marketing of parks and recreation programs and facilities.

yes no

Signature of Parent/Guardian: _____

3. Any other information that you feel is important in allowing or not allowing your son/daughter to participate in our programs and activities:

Please notify False Creek's Youth Program staff to any changes to this form that may affect your son/daughters participation in our programs.