



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

PARENTAL CONSENT FORM:

For MINI SPRING EXPLORERS Daycamp
MARCH 12-16, 2012 & MARCH 19-23, 2012

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 connected 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/DAUGHTER’S PARTICIPATION IN ACTIVITIES.

My son/daughter has my consent to participate in all activities except those listed below:

March 12-16, 2012 9:30am-12:30pm \$79 _____
Signature of Parent/Guardian

Monday – Friday (All activities at False Creek Community Centre)

March 19-23, 2012 9:30am-12:30pm \$79 _____
Signature of Parent/Guardian

Monday – Friday (All activities at False Creek Community Centre)

PLEASE COMPLETE THIS PORTION OF THE CONSENT FORM AS IT MAY RELAYE TO YOUR CHILD.

Please list any information that you feel is important in allowing or not allowing your son/daughter to participate in activities:

Signature of Parent/Guardian

Please notify Daycamp staff of any changes to this form that may affect your son/daughters participation.



Photo Release Form

Photos of participants are often taken in order to document and promote our programs and services. These photos may be used in program brochures, photo displays, and on our Park Board website. We will not release any names or give any other information out regarding the identification of individuals in the photos without their prior consent. This consent form is to obtain permission to use your son/daughter’s image ONLY.

Child’s Name: _____

Community Centre/ Other Location: False Creek Community Centre

I give permission for the image/photo of my son/daughter _____ to be used to promote Vancouver Park Board programs.

Parent’s signature: _____

Parent’s name (please print): _____

Date: _____