



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

**PARENTAL CONSENT FORM:**

For SPRING EXPLORERS Daycamp  
MARCH 12-16, 2011 & 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 any of the following activities that I have approved in addition to swimming and alternative out trips not included below due to unforeseen schedule conflicts:

March 12-16, 2012	9:30am-4:30pm	\$159	_____
			Signature of Parent/Guardian
Monday – Centre Day	(False Creek Community Centre)		
Tuesday – Bowling	(Grandview Lanes)		
Wednesday – Swimming	(Watermania, Richmond)		
Thursday – Centre Day	(False Creek Community Centre)		
Friday – Tour of Rogers Arena	(Downtown, Vancouver)		

March 19-23, 2012	9:30am-4:30pm	\$159	_____
			Signature of Parent/Guardian
Monday – Centre Day	(False Creek Community Centre)		
Tuesday – Ice Skating	(Kerrisdale Arena)		
Wednesday – Vancouver Aquarium	(Stanley Park)		
Thursday – Centre Day	(False Creek Community Centre)		
Friday – Swimming	(Hillcrest Aquatic Centre)		

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

1. My son/daughter may leave or be left behind after the program to make their own way home:  
 yes     no
2. Any other information that you feel is important in allowing or not allowing your son/daughter to participate in our programs and activities:

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\_\_\_\_\_  
Signature of Parent/Guardian

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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: \_\_\_\_\_