



Kensington Community Centre

5175 Dumfries Street, Vancouver, B.C. V5P 3A2
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Operated jointly by the Kensington Community Centre Association and the Vancouver Board of Parks and Recreation

Parent/Guardian Consent & Waiver Form-Skateboard Lessons

Child's Name: _____ Date of Birth (M/D/Y) ____/____/____

Parent/Guardian:

Name: _____ Phone: (HOME) _____

(WORK) _____ (CELL) _____

Address: _____

Medical Information: Organizers assume no responsibility for the health or well-being of participants as a result of the information being provided. Participants are advised to carry pertinent health and medical information on their person at all times.

Care Card Number: _____

Doctor's Name: _____ Phone Number: _____

Pertinent Medical Info: (Conditions, Allergies, Medications, etc.) Please list:

Emergency Contacts (please identify relationship of this person to the child):

(1) Name: _____ Phone: _____

(2) Name: _____ Phone: _____

I hereby, give permission for my child to participate in **Skateboard Lessons, Program #** _____ held at Kensington Park, Vancouver on Day(s) _____ Time _____.

I also agree to ensure that my child is equipped with and wears appropriate safety equipment such as their own skateboarding helmet, elbow/knee pads and a skateboard in a safe, working condition.

Acknowledgement and Assumption of Risk

The participant and parent/guardian acknowledges that they are aware of the details of the above mentioned activity and that there exists an element of personal risk of damage or serious injury in the activities and willingly agrees to assume responsibility for those risks as a condition of registering for the program.

Indemnification and Release

I, the undersigned participant on behalf of myself, my heirs, legatees and assigns, agree to indemnify, save and hold harmless the City of Vancouver, Board of Parks and Recreation, and the Kensington Community Centre Association or any of their agents, representatives, employees, or assigns for my child's health, safety, or any injury and/or disability arising out of, or resulting from this above mentioned activity/program.

Name of Parent/Guardian (Please Print) _____

Signature of Parent/Guardian: _____

Date: _____

Photo Release: I give permission to have photos of my child taken for the use of marketing and promotion.

Parent/guardian signature _____