

RENFREW PARK COMMUNITY CENTRE MEDICAL & PROGRAM WAIVER FORM

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Child's First Name	Child's Last Name	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address:	Postal Code:	Home Phone
School Name:	Date of Birth: M/ D/ Y/	
Male Guardian's Name:	Day Phone	Alt Phone
Female Guardian's Name:	Day Phone	Alt Phone

EMERGENCY CONTACT PERSONS (Do not use the parent/guardian):

Name:	Day Phone	Alt Phone
Name:	Day Phone	Alt Phone

MEDICAL INFORMATION

Doctor's Name:	Phone
Dentist's Name:	Phone
Personal Health Number (Medical Plan No.):	
Have you been under a Doctor's care, or admitted to hospital, in the last 12 months? If yes, please specify: <input type="checkbox"/> No	
Have you had a Tetanus Inoculation or Booster in the last 10 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any known Allergies or disabilities? If yes, please list common reaction/s: <input type="checkbox"/> No	
Do you have a chronic disability or illness? If yes, please specify: <input type="checkbox"/> No	
Do you have any food which your child cannot eat? If yes, please specify: <input type="checkbox"/> No	
Do you have any other conditions of which you feel the instructor should be aware of? If yes, please specify: <input type="checkbox"/> No	

ADDITIONAL INFORMATION

My son/daughter may leave or be left behind after a program to make their own way home: If No — please list the names of who will pick up/drop off our child.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Swimming Ability: None Needs Assistance Can swim on their own Years of swimming Level

LATE PICK UP
\$25/15 minutes will apply per occurrence. Please ensure prompt pick up of your child/ren.

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

I hereby acknowledge the information on the reverse side of this consent form to be valid.

For Summer Day Camp, Environmental Wonders Camp or Summer CHILL:
An updated schedule if required will be issued on the first day of day camp to your child.
If you do not receive one please enquire with the day camp leaders or the centre office.

INDEMNIFICATION & RELEASE I RECOGNIZE AND ACKNOWLEDGE that there are inherent risks and hazards involved in participating in activities associated with the outdoor pursuits of Renfrew Park Community Centre and the City of Vancouver. I agree to assume all such risks and hazards, and I further agree to bear all costs of rescue and medical attention rendered to my child, or for his/her benefit, arising from the activities.

I agree that my son/daughter will follow all reasonable instructions and directions of the leaders and instructors dully appointed by Renfrew Park Community Centre in connection with the operation of its' programs.

I HERE BY REMISE, RELEASE AND FOREVER DISCHARGE the City of Vancouver, the Vancouver Board of Parks & Recreation, Renfrew Park 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 with his/her participation program.

I HAVE READ THIS INDEMNITY AD RELEASE OF LIABILITY AND THE ACCOMPANYING TRIP INFORMATION SHEET AND ACCEPT TERMS.

Signature of Participant (if 13yrs & older) Signature of Parent/Guardian March 16, 2012
Date

PHOTOS I hereby permit my child to be photographed and possibly used for the purpose of promoting Centre programs.

Signature of Participant (if 13yrs & older) Signature of Parent/Guardian March 16, 2012
Date

Please print clearly and complete one section for each season.
Winter (January-March) – Spring (April-June) – Summer (July-August) – Fall (September-December)

Today's Date March 16, 2012	Program Name/s
Parent/Guardian's Name	Parent/Guardian's Signature
Today's Date	Program Name/s
Parent/Guardian's Name	Parent/Guardian's Signature
Today's Date	Program Name/s
Parent/Guardian's Name	Parent/Guardian's Signature
Today's Date	Program Name/s
Parent/Guardian's Name	Parent/Guardian's Signature