



THUNDERBIRD COMMUNITY CENTRE
 2311 Cassiar Street, Vancouver, B.C. Phone (604)713-1818
PARENTAL CONSENT FORM
January 4, 2011 – March 31, 2011

CHILD'S NAME: _____ BIRTH DATE (D/M/Y): _____

ADDRESS: _____ SCHOOL NAME: _____

PARENT/GUARDIAN'S NAME: _____

HOME PHONE: _____ WORK _____ CEL _____

EMERGENCY CONTACT: NAME: _____ PHONE: _____

PERSON RESPONSIBLE FOR PICKING UP PARTICIPANT: _____

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

BASIC MEDICAL INFORMATION (information confidential)

CARE CARD #: _____	DOCTOR'S NAME: _____
	PHONE #: _____
-Have you had a <i>Tetanus Inoculation or Booster</i> in the last 10 years?	YES / NO
-Have you been under a Doctors care, or admitted to hospital, in the last 12 months?	YES / NO
If yes, please specify _____	
-Do you have any known <i>Allergies:</i>	YES / NO
If yes, common reaction _____	
-Do you have a <i>chronic disability or illness:</i>	YES / NO
If yes, please specify _____	
-Do you have <i>any other conditions</i> 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, Thunderbird 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 Parent/Guardian Name of Parent/Guardian (Please Print) Date

We often take pictures and/or video of participants enjoying our programs and use these pictures in our brochure publications.

* **Please sign here if you DO NOT want your child's picture and/or video taken.** _____