



PROGRAM NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

<b>Participant</b>	<p>Child's Name: _____ <small style="display: inline-block; width: 200px; text-align: center;">First Name</small> <small style="display: inline-block; width: 200px; text-align: center;">Last Name</small></p> <p>Child name preference: _____ Age: _____</p> <p>Birth Date (DD/MM/YYYY): _____ Care Card #: _____</p> <p>Child's 1<sup>st</sup> Language: _____ Child's 2<sup>nd</sup> Language: _____</p> <p><b>Does your child have a life threatening allergy or medical condition?</b>      <input type="checkbox"/> <b>Yes</b> or <input type="checkbox"/> <b>No</b> (check one)</p> <p>What is the life threatening allergy to or name of the condition? _____ <i>*If YES, please complete the Special Information Section in this waiver.</i></p> <p>Home Address: _____</p> <p>Postal Code: _____ Home Phone : _____</p>
<b>Contacts</b>	<p><b>Parent/Guardian #1</b> _____ Relationship to Child: _____</p> <p>Phone#(home): _____ (work): _____ (cell): _____</p> <p><b>Parent/Guardian #2</b> _____ Relationship to Child: _____</p> <p>Phone#(home): _____ (work): _____ (cell): _____</p> <p><b>Emergency Contact</b> _____ Relationship to Child: _____</p> <p>Phone#(home): _____ (work): _____ (cell): _____</p>
<b>Pick Up Authorization</b>	<p>I hereby authorize the following people to pick up my child, at the program location in the event parent(s)/guardian(s) are unable to and have contacted the Parks &amp; Recreation staff prior to pick up.</p> <p>1. _____ Phone Number: _____</p> <p>2. _____ Phone Number: _____</p> <p>3. _____ Phone Number: _____</p> <p>4. _____ Phone Number: _____</p>
<b>Photos</b>	<p>I, the undersigned, parent/guardian do hereby agree to all the individual(s) names herein to be photographed and pictures to be used solely for the purposes of promoting City of Maple Ridge programs.</p> <p style="text-align: right;"><input type="checkbox"/> <b>YES</b> or <input type="checkbox"/> <b>NO</b> (check one)</p>

The personal information on this form is collected in accordance with the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection, use or disclosure of this information, please contact the Manager of Legislative Services, at 604-463-5221 or foi@mapleridgeca.



Medical Information

Please ensure all information is completely filled out as this information is used is for staff to provide medical treatment and information for your child in the event of an illness or injury.

**Does your child:**  
(Identify the name of the condition or medication if they have any of the following considerations)

Have any medical conditions (i.e. Asthma)?

YES or  NO if **yes** please explain below:

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Take any medication (include type, dosage, times of self-medication)?

YES or  NO if **yes** please explain below:

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Have any allergies (include types of food, medication, sunscreen and environment)?

YES or  NO if **yes** please explain below:

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Have any limitations that would mean the child could not participate in activities?

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Have any fears that staff should be aware of (e.g. water, bees)?

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**Medical Release:**

It is our policy to notify a parent when a child is ill or needs medical attention. In the event we cannot contact you and we need to get immediate help for your child, we require a signed consent to do so.

1. I give consent for my child to be taken to the nearest emergency medical centre by ambulance when I cannot be contacted.
2. I give consent for my child to receive medical treatment.

Signature of parent/guardian \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_



<b>Important Information</b>	Does your child know how to swim? Current level of swim lesson: _____ <input type="checkbox"/> YES or <input type="checkbox"/> NO (check one)
	Do you give permission for staff to administer sunscreen to your child? <input type="checkbox"/> YES or <input type="checkbox"/> NO (check one)
	Do you give permission for staff to administer bug spray to your child? <input type="checkbox"/> YES or <input type="checkbox"/> NO (check one)
	Please list any family information or special instructions the Maple Ridge Parks, Recreation & Culture staff should be aware of while your child is in care: _____ _____ _____
<b>Walk Home Authorization</b>	Please list any other comments or concerns that you have: _____ _____ _____
	By signing below I give permission to allow my child/ren (over 10 years of age) to walk home/leave after the program is concluded unaccompanied and without a parent or guardian.  <div style="text-align: right;"><input type="checkbox"/> YES or <input type="checkbox"/> NO (check one)</div> Please specify the date range (i.e. July 2-5,) and/or specific date (s) or days (i.e. Monday's, Tuesday's): _____

I consent to my child's participation in the program including transportation associated with out trips if applicable. I am aware that there are risks associated with the participation in the program, including the risk of injury, and I consent to my child's participation in spite of such risks. I acknowledge that it is my responsibility to advise the City of Maple Ridge of any medical or other conditions which may affect my child's participation in Maple Ridge Parks, Recreation & Culture programs and have listed them above. I have read this form and understand and accept its terms.

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

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Email

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