

# CITY OF BRANDON ENHANCED YOUTH PROGRAMMING

## SITE ATTENDING:



## PARTICIPANT INFORMATION SHEET 12-15 Years

**PLEASE FILL OUT ALL SECTIONS**

**PLEASE PRINT**

Child's Legal Name: \_\_\_\_\_

Name commonly known as: \_\_\_\_\_

☐ Male ☐ Female AGE \_\_\_\_\_ BIRTHDATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

Languages known/spoken: \_\_\_\_\_

If you would like Parks & Recreation Services to update you on future youth programs and opportunities, please list your email address below:

Email: \_\_\_\_\_

### Parent/Guardian

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

### Parent/Guardian

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

### Designated Emergency Contacts -

**Designate 2 people other than listed above that we can contact and release information to in case of illness or emergency.**

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

### Medical / Personal Information

Describe any medical conditions or allergies of which we should be aware: \_\_\_\_\_

Describe any cultural, religious or personal requirements or restrictions of which we should be aware: \_\_\_\_\_

### General Illness

By initialling below, I acknowledge that if my child shows any signs of illness including coughing/sneezing, sore throat, nausea, upset stomach, diarrhea, vomiting, shortness of breath or fever prior to arrival, I will not send my child to the Youth program until such time as those symptoms have subsided for at least 24 hours. In addition, if during the course of the program my child becomes ill with any of the symptoms listed above, I agree to arrange to pick my child up from the Youth program within 20 minutes of being informed by the Youth program staff.

Parent/Guardian Initial \_\_\_\_\_

### Emergency Medical Transportation and Treatment

If, at any time, medical treatment is necessary due to serious injury or sudden illness, by signing below I authorize the City of Brandon, its staff or agents to take whatever emergency measure deemed necessary for my child's protection. I understand that any expense incurred for medical treatment, including ambulance fees, are my responsibility.

### Parent/Guardian

Signature: x \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

### Parent/Guardian

Signature: x \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

**OVER**

### Consent to Photograph or Videotape

On occasion throughout the duration of this program, photographs or videos may be taken for the purpose of media or advertising of the program. By signing below, it is acknowledged that pictures of the parent/guardian and/or child may be used for this purpose.

☐ YES I CONSENT

☐ NO I DO NOT CONSENT

Parent/Guardian Initial \_\_\_\_\_

### Public Transportation Waiver

On occasion, throughout the duration of this program, youth may participate in activities that occur away from the main location of the program. In order for youth to participate in these activities, a signature by the youth's parent/guardian is required. Youth whose forms are not signed will not be able to attend such events. It is possible the program centre may not be open when the program is taking place off site. In such cases, the child will not be able to attend the Youth program. Events taking place off of centre grounds will be identified on the activities calendar and posted at the centre. Youth will also be reminded about these activities by their leaders in advance. If youth need to leave early, alternate transportation must be arranged by their parent/guardian. By signing below, it is acknowledged and approved that the child will be participating in activities in various locations away from the program centre, and consent is given for the child to utilize public transportation to such activities and events. It is also recognized that these events are subject to change or cancellation, and such changes will be posted at the centre.

☐ YES I CONSENT

☐ NO I DO NOT CONSENT

**IF NO, I UNDERSTAND THAT ON THESE DAYS THEY MAY NOT BE ABLE TO ATTEND WHEN OFF-SITE.**

Parent/Guardian Initial \_\_\_\_\_

### Attendance Policy

Youth 12 years of age and older are not required to stay for any specific length of time and are free to come and go during program hours. Children under the age of 12 are required to stay for the duration of the program unless alternate arrangements have been made with Program administrators. All parents are expected to make transportation arrangements for their children to and from the facility. Program administrators are not responsible for the supervision of children or their transportation outside of program hours.

Parent/Guardian Initial \_\_\_\_\_

### Release / Waiver

By signing below, I acknowledge that I fully understand the purpose of this program, the type of activities that my child will be participating in, and that I have received and reviewed the basic program schedule and layout. I understand that there are inherent risks with organized games and activities and I accept these risks. I agree to release, discharge and hold harmless the City of Brandon, its staff and agents and the program named above from and against all claims and proceedings with respect to any damage or injury to myself, and/or my child, and/or my property, arising from the provision of these services and activities.

### Signatures/Authorization

Signature: x \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: x \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

### THE FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (FIPPA) & PERSONAL HEALTH INFORMATION ACT (PHIA)

The City of Brandon collects personal information and personal health information in the course of admission, registration, and related activities for the provision of its programs. This information is collected under the authority of The Freedom of Information and Protection of Privacy Act (FIPPA), The Personal Health Information Act (PHIA) and City of Brandon Policies and Procedures.

**Contact us at 204-720-3093 or [recreation@brandon.ca](mailto:recreation@brandon.ca)**

**Completed forms can be emailed to [c.blanca@brandon.ca](mailto:c.blanca@brandon.ca)**

**or brought to the Community Centre on their first day.**