

**District of Mackenzie Recreation Services Department
 Child & Youth Aquatic and Recreation Program Registration, Medical Disclosure and Consent Form**

**Please PRINT all information and fill out applicable sections completely.
 Completed form due at registration.**

Personal information contained on this form is required for the operation of the Program(s) and is collected under Section 26(c) of the Freedom of Information and Protection of Privacy Act. All information contained in this form is kept in the strictest confidence.

PERSONAL INFORMATION:

Participant's Name – First / Last: _____

Birth Date – MM/DD/YYYY: _____ Age at Start of Program: _____

Name of 1st Parent/Guardian: _____

Primary Phone Number: _____ Secondary Phone Number: _____

Email Address: _____

Name of 2nd Parent/Guardian: _____

Primary Phone Number: _____ Secondary Phone Number: _____

Email Address: _____

Legal Custody: 1st Parent/Guardian 2nd Parent/Guardian Both Parents/Guardians

Participant Resides With: 1st Parent/Guardian 2nd Parent/Guardian Both Parents/Guardians

Alternate Emergency Contacts: These are people 16 years of age or older who are authorized to pick up your child and can be contacted by staff, in case of emergency, when the parent/guardian cannot be reached.

1st Emergency Contact	2nd Emergency Contact	3rd Emergency Contact
Name:	Name:	Name:
Relationship:	Relationship:	Relationship:
Phone #	Phone #	Phone #
Phone #	Phone #	Phone #

PICK UP AUTHORIZATION (For Children 12 Years and Younger)

The following individuals are people you authorize to pick up your child at the end of each program. Please list yourself and all other persons who you authorize to sign your child out of programs. Your child will only be released to the individuals listed below. Identification may be required.

AUTHORIZED RELEASE (For Children 7 Years and Older)

My child is permitted to leave unaccompanied at the end of the program. Yes No

Program Name(s): _____

HEALTH HISTORY AND MEDICAL INFORMATION:

We ask that you complete the portion below completely and carefully. Staff rely on this information to provide medical treatment to your child if there is an accident during the program. Staff will also use this information to provide the appropriate support to your child during the program. The more information you can provide, the better we are able to address your child's specific needs. All information contained on these pages will be held in strict confidence.

Doctor's Name: _____ Phone Number: _____

1. Is your child under any form of treatment for an illness, condition or injury that staff should be aware of?
 Yes No
If yes, please describe: _____

2. Does your child have any conditions, whether medical, behavioural, or otherwise, or any special needs that staff should be aware of? Yes No
If yes, please describe: _____

3. Please describe any allergies your child has (include food allergies, allergies to medication and environmental allergies): _____

4. Does your child carry an epi-pen? Yes No
5. Does your child require medication(s) to be administered during the program day (for example, an inhaler)?
 Yes No
If yes, please list all medications: _____

6. If you require staff to administer medication to your child during the program, please fill out a *Consent to Administer Medication Form* at the time of registration and attach to this form.
- I have attached a *Consent to Administer Medication Form* for my child.
7. Please describe any fears your child has that staff should be aware of (for example, bees or water):

8. Please list any special instructions for staff including any suggestions on behaviour management:

- I require a consultation with the Recreation Program Manager regarding elements of my child's participation in the Program.

MEDICAL RELEASE:

I authorize District of Mackenzie staff and/or agents, in the event of an accident or illness affecting the above-named child, to authorize, on my behalf, all procedures, including admission to the hospital and necessary treatment therein, as he/she may deem essential for the care and well-being of my child. Such action shall be taken only when immediate contact with the undersigned cannot be made. I agree not to hold the District of Mackenzie responsible for any cost arising out of an emergency situation.

Initial: _____

PARENT/GUARDIAN CONSENT:

Upon registration of my child in the Program at Mackenzie Recreation Centre, I permit my child to participate in a full range of activities, including off-site activities, which may include, but are not limited to, swimming, biking, running, and sports. While staff will make every reasonable effort to minimize exposure to risk, your child may become injured or your child's property may become damaged as a result of participating in the program.

Initial: _____

SWIM ABILITY:

For non-aquatic programs, swim time may be scheduled during the Program. All Program swim times will be supervised by District of Mackenzie Lifeguards/Swim Instructors. To help us organize the Program properly, please indicate your child's skill level with regard to swimming below. Please note, not all Programs will include swim time.

- My child is comfortable in the water and able to swim in deep water
- My child is comfortable in the water and able to swim in shallow water
- My child is not comfortable in the water and/or does not know how to swim

If your child has participated in swimming lessons, please indicate their current swim level: _____

OUT TRIP PERMISSION:

For non-aquatic programs, staff may, from time-to-time, schedule out-trips to nearby parks, such as John Dahl Park, and other locations in the community as part of the Program. By initialing below, you grant permission for your child to attend scheduled out trips away from the Mackenzie Recreation Centre. Your child will be supervised at all times during the Program. Parents/Guardians will be advised of all out-trips to locations in the community.

Initial: _____

PHOTO AND VIDEO CONSENT:

I consent to the taking of photographs and/or video recordings of the above-named child by the District of Mackenzie. I assign to the District of Mackenzie and waive any rights I have related to any such photographs and/or video recordings and I consent to the use of any such photographs and/or video recordings, in whole or in part, by the District of Mackenzie.

Initial: _____

CODE OF CONDUCT:

The safety of each child in our Programs is of the utmost importance. Each participant must take responsibility to learn and follow, at all times, the rules established by staff. I understand that any behaviour on the part of my child that places him/herself or others at risk may result in immediate dismissal from the Program.

Initial: _____

COVID-19 ASSUMPTION OF RISK WAIVER:

Parents/Guardians must read and sign the COVID-19 Assumption of Risk Waiver for each child participating in the Program. The waiver is attached as an addendum to this form.

Initial: _____

PARENT/GUARDIAN SIGNATURE:

Signature of Parent/Guardian

Date