

PROGRAM INFORMATION



You are registering for:

Play & Learn (choose age group and preferred days)

2.5yrs - 3.5yrs	<input type="checkbox"/> Monday/Wednesday	<input type="checkbox"/> Tuesday/Thursday	9:30am - 11:30am
3.5yrs - 5.5yrs*	<input type="checkbox"/> Monday/Wednesday	<input type="checkbox"/> Tuesday/Thursday	12:00pm - 2:00pm
4.5yrs - 5.5yrs**	<input type="checkbox"/> Monday/Wednesday	<input type="checkbox"/> Tuesday/Thursday	2:00pm - 3:00pm

Forest Explorers (3yrs - 5yrs Fridays 9:30am - 11:30am)

*Please note that program times have changed from previous years.

**Superstars Program for children born in 2022 and entering Kindergarten in September 2027.

Child must also be registered for the 2pm - 2pm session on the same day.

CHILD INFORMATION

Child Name		<input type="checkbox"/> Female <input type="checkbox"/> Male	
Last Name		First Name	
Birthdate		Child responds to	
Month/day/year			
Phone			
Home		Work/Cell	
Address		Postal Code	
Child's first language		Child's second language	

PARENT / GUARDIAN INFORMATION

Parent/Guardian Name	Relationship to Child
Address	Postal Code
Phone	Work/Cell
Email	Place of Work
Parent/Guardian Name	Relationship to Child
Address	Postal Code
Phone	Work/Cell
Email	Place of Work

EMERGENCY CONTACT & PICKUP INFORMATION

List all persons authorized to pick up your child, including parents/guardians.

*For each, check if they are also an emergency contact

Name	Relationship to Child	Phone (Cell)	Phone (Work/Alt)	Emergency Contact	
_____	_____	_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>

CUSTODY AGREEMENT DETAILS

If applicable, explain custody arrangements *Legal documents must be provided to restrict access to a parent.

HEALTH INFORMATION

Does your Child have or take:	YES	NO		YES	NO
Vision Impairment	<input type="checkbox"/>	<input type="checkbox"/>	Hearing Impairment	<input type="checkbox"/>	<input type="checkbox"/>
Food Allergies	<input type="checkbox"/>	<input type="checkbox"/>	Seasonal Allergies	<input type="checkbox"/>	<input type="checkbox"/>
Medication and/or Prescriptions	<input type="checkbox"/>	<input type="checkbox"/>	Speech/Language delays	<input type="checkbox"/>	<input type="checkbox"/>
Other Pre-existing and/or Diagnosed Health condition	<input type="checkbox"/>	<input type="checkbox"/>			

Please explain on all items marked 'YES'



EMERGENCY HEALTH INFORMATION

EMERGENCY HEALTH INFORMATION

Doctor	Phone
Dentist	Phone
Other Health Provider	Phone
Care Card Number	

GETTING TO KNOW YOUR CHILD

Does your child have any behaviour challenges that program staff need to be aware of? If yes please explain in further detail.

Has your child attended day-care/preschool before? Yes No

Does your child make friends easily? Yes No

Does your child have specific likes/dislikes we should know about? (If yes, please describe) Yes No

Does your child have any calming methods that work well when they are upset that staff could try and use if needed? (ie. singing (specific song?), specific type of toy, quiet time/sitting out, story time, blanket, etc.)

Has your child previously participated in swimming or skating lessons? Yes No

Swim level completed _____

Skating level completed _____

Is your child comfortable in the swimming pool or in the arena? (If no, please describe) Yes No

PARENTAL CONSENT, RELEASE OF LIABILITY & PAYMENT PLANS

To: The City of Abbotsford, its Parks, Recreation & Culture Commission and School District 34 (Abbotsford) and all employees, officers, agents, affiliated community associations and volunteers associated (and hereinafter collectively called the 'City')

In consideration of me and/or my child participating in this program, I recognize that there are inherent risks associated with the Program. I hereby agree to release the City from all claims, liabilities, obligations and costs which I may have against the City and its respective agents, servants and representatives, arising out of injury, loss or damage while I or my child participate in the program, whether or not arising out of any negligence on the part of the City or its respective agents, servants or representatives.

Signature of Parent/guardian

Date

I acknowledge that it is my responsibility to advise the City of any medical or other conditions which may affect my child's participation in the program.

In the event that my child requires medical attention, I consent to my child being transported to the nearest emergency centre, including by ambulance if necessary, and accept that I am responsible for any costs of such ambulance service.

I have read this consent form and understand and accept its terms.

Parent's signature

Parent's name (please print)

Date

Declined Credit Card Payments:

You will be notified of all declined credit card payments and subjected to a \$25 charge added to your Abbotsford Parks, Recreation & Culture registration account. The account will be frozen until payment has been made. Two (2) or more declined payments will result in withdrawal from program and eliminate monthly payment plan as an option.

Parent's signature

Date



PHOTO RELEASE & ASSIGNMENT

I hereby irrevocably consent to and authorize **The City of Abbotsford** (The City), its agents or assigns, the irrevocable and unrestricted right to use and publish images and audio of myself ('The Images') for editorial, trade, advertising, promotion or any other lawful purpose in any manner or medium, and to alter the same with out restriction without the payment of any compensation. Further, in favour of the City, I do hereby:

1. Waive any right to notice or approval of any use of the Images;
2. Release the City and its agents or assigns from all claims and liabilities relating to the images of myself or by virtue of alteration, processing or use in composite form;
3. Release all intellectual property rights, including copyright, which I have in or to the images; and
4. Assign to the City all moral rights which I have in or to the images.

For participants of Minority Age

Print Name of Minor in Full _____

This is to certify that I/we as parent(s) / guardian(s) with legal responsibility for this participant, do consent and agree not only to his/her release, but also for myself/ourselves, and my/our heirs, assigns and next of kin to the Release and Assignment, as stated above, regarding my/our child's involvement in the taking and use of the Images as stated above.

Parent's / Guardian's signature

Date

Relationship to participant

FIELD TRIP PERMISSION

Some program activities may include off-site excursions. Parents/guardians will be informed of all off site activities prior to outing. We require all parents/guardians to sign this permission form in order to allow any off-site excursions.

I, _____ hereby give permission for my child, _____,
to go on supervised trips with the City of Abbotsford Parks, Recreation & Culture staff.

In the unlikely event that participant named above is injured or becomes seriously ill while with the City of Abbotsford staff, and I cannot be reached, I authorize staff to seek and authorize any and all hospitalization, medical, dental and/or surgical treatment deemed advisable by the circumstances.

While every reasonable precaution is taken with the City of Abbotsford ('The City') programs, I recognize that there are inherent risks associated with the programs. I hereby agree to release the City from all claims, liabilities, obligations and costs which I may have against the City and its respective agents, servants and representatives, arising out of injury, loss or damage that I or my child may suffer while I or my child participates in the program, whether or not arising out of any negligence on the part of the City or its respective agents, servants or representatives.

Signature of Parent/guardian

Date

Privacy Statement- Personal information is collected for the administration of Parks, Recreation & Culture programs only, as authorized under Section 26 of the *Freedom of Information and Protection of Privacy Act*. The City of Abbotsford does not use or disclose personal information for purposed other than those for which it was collected, except with the consent of the individual whom the information is about or otherwise in accordance with law. The City of Abbotsford retains personal information only as long as necessary for the purposes of this program and a s require under the Act. if you have any questions about he collection and use of your personal information, contact the Information & Privacy Coordinator at 604.864.5575, City of Abbotsford, 32315 South Fraser Way, Abbotsford, BC V2T1W7.

