

Participant Information Form

****Bring this form with you on the first day of the program***

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Program Name: _____ Date: _____
Participant's Full Name: _____
Address: _____
City: _____
Postal Code: _____
Date of Birth: _____ M F Care Card# _____
Allergies: Yes No Medication: Yes No (See special information section)

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Parent/Guardian: _____
Relationship to Participant: _____
Main Phone Number: _____ Alternate Phone Number: _____
Parent/Guardian: _____
Relationship to Participant: _____
Main Phone Number: _____ Alternate Phone Number: _____
Local Emergency Contact (other than above): _____
Relationship to Participant: _____ Contact Phone Number: _____

Does your child: (If yes, please explain fully)

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1. Have any medical conditions (eg. Asthma, Diabetes)?
2. Take any medication (include type, dosage, times of self-medication)?
3. Have any allergies (Include those to food, medication and environment)?
4. Have any limitations as a result of the above where the child could not participate in activities?
5. Have any fears that Leaders should be aware of (eg. water, bees)?
6. Know how to swim? Yes No (List current level achieved)
Are they Beginner Intermediate Advanced Never swam before
7. Please list any family or special instructions that the Camp Leader should be aware of.
8. Please list any other comments or concerns that you may have.

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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 Parks,
Recreation & Culture staff prior to pick-up.

- 1) _____ Phone Number: _____
- 2) _____ Phone Number: _____
- 3) _____ Phone Number: _____

Dated this _____ day of _____, 20____ . _____

Parent/Guardian Signature

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Some program/camp activities may include off-site activities. 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 the participant named above is injured or becomes seriously ill while with 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 this program, whether or not arising out of any negligence on the part of the City or its respective agents, servants or representatives.

Parent/Guardian Signature

Date