

Linden Woods Community Centre

Camp Waiver Form

REGISTRANT(s) DETAILS:

Child 1 Name _____ Birthdate _____

Child 2 Name _____ Birthdate _____

Child 3 Name _____ Birthdate _____

Child 4 Name _____ Birthdate _____

Primary Phone Number: _____ Alternate Phone Number: _____

Parent/Guardian's Name: _____ Parent/Guardian's Name: _____

Family Medical No. (6 digits): _____

Medical No. (9 Digits)

Child 1: _____

Child 2: _____

Child 3: _____

Child 4: _____

Emergency Contacts and Pick up Authorization

The following people are also authorized to pick up the child and should be contacted in case of any emergency only if parent(s) or guardian(s) cannot be reached:

Name: _____

Name: _____

Relationship to child: _____

Relationship to child: _____

Phone: _____

Phone: _____

Medical Information

Does your child have any allergies, medical restrictions, require medication or difficulties of any kind (i.e. hearing, speech, behavior) that we should be aware of? Please be specific:

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Consent to collect, use and disclose personal information

I understand that by completing this for the Linden Woods Community Centre is collecting certain personal information about my child, me, and other members of my family (including if necessary my Manitoba Health Services Registration Number). I also understand that this personal information will be used only for the purpose of registering in the Community Centre's Sports/Recreation/Youth programs, and that such use will necessarily involve the disclosure of this personal information to the appropriate area sports association(s), coach(es), or staff as applicable for the purpose of conducting the Community Centre's programs.

I hereby consent to such collection, use, and disclosure of this personal information. **Parent/Guardian Initials:** _____

Consent to Participate and Liability Release

I/We, the parent(s)/guardian(s) of the registrant(s) noted on **page 1**, do hereby give my/our consent for our child to participate in the Summer Camp. I/We understand that Linden Woods Community Centre and or its staff will not be held responsible for any accidents, injury, loss or medical expense.

1. In the event my child needs immediate medical attention for injuries received while participating in the Linden Woods CC program, I authorize the staff to give my child reasonable first aid, and to arrange transport of my child to a health care facility for emergency services and to release medical information to medical providers as needed.
2. I hereby acknowledge that Linden Woods CC will assume either parent of the child may pick up the child at any time during program unless there is pertinent court documentation on file at the Linden Woods CC office that indicates otherwise.
3. I hereby release all pictures of my child taken by Linden Woods CC for promotional purposes and programming materials.
4. If my child requires use and administration of an epi-pen, it is my responsibility to ensure that the epi-pen is on my child or within their personal belongings everyday of the program. If Linden Woods CC staff are required to administer and use the epi-pen, I agree to forever release and discharge Linden Woods CC and its' directors, officers, and employees from all liability arising out of or resulting from use or administration of the epi-pen.

Name of Parent/Guardian: _____

Parent/Guardian signature: _____

Date: _____