

**WAIVER 2020**For office use only  
Medical Notes  Registered 

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**PLACE MAILLARDVILLE COMMUNITY CENTRE****PARTICIPANT INFORMATION:**

Participant's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

 Male  Female  15yrs of age or younger  16yrs of age or older

Phone Number: \_\_\_\_\_ Alternative Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_ Receive our monthly newsletter?  YES  NO**PHOTO RELEASE:** To help us promote our programs and receive continued funding from our sponsors we require photos of our programs in action. Do you give permission to use program photos in promotional material?  YES  NOAre there any medical conditions the instructor needs to be aware of:  YES  NO

If yes, please specify: \_\_\_\_\_

Are there any food allergies/restrictions: \_\_\_\_\_ EPI Pen required:  YES  NO**FOR PARTICIPANTS 15 YRS OF AGE & YOUNGER:**

Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_\_ (mmm/dd/yyyy)

Parent/Guardian Name: \_\_\_\_\_ Best # to be reached at: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone #: \_\_\_\_\_

Swim Level:  Weak - Needs a life jacket  Fair - Shallow end only  Strong - Deep end ok**AUTHORIZED PICK UPS OTHER THAN PARENT/GUARDIAN?**

Authorized Pick-Up #1 \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Authorized Pick-Up #2 \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Can your child walk home alone?  NO  YES If YES, please initial here: \_\_\_\_\_**WAIVER SIGNATURE:****Note:** We will retain this waiver until the end of the calendar year. It will then be shredded. A new waiver must be completed at the beginning of every calendar year. It will be your responsibility to update the office with any changes to the above information.

I/We agree that I/my son/daughter will follow all reasonable instructions and directions of the program instructor(s) in connection with the operation of Place Maillardville.

I/We release, remise and forever discharge Place Maillardville staff, program instructor(s) and partners of Place Maillardville of and from all manner of actions, claims and demands of whatever nature which result from any accidental injury, loss of expense sustained, arising out of or in any way connected with participation in any Place Maillardville program or event.

In the event that I'm / my child (is) injured, ill or in need of medical attention and I/We are unable to be contacted. I/We authorize Place Maillardville staff, program instructor(s) and volunteers to seek medical attention on my/our behalf.

\_\_\_\_\_  
Signature (Parent/Guardian/Participant 16yrs of age or older)\_\_\_\_\_  
Date