



Phone: 604-933-6166 Fax:604-933-6168 www.placemaillardville.ca 1200 Cartier Avenue, Coquitlam BC, V3K 2C3

PLACE MAILLARDVILLE COMMUNITY CENTRE

Program #1: _____ **Program #2:** _____

Important: Phone # that we can reach you during above program hours ⇒

First Name: _____
 Family Name: _____
 Male Female Grade: ____ Age ____ Birthday _____
 Address: _____
 City: _____ Postal Code: _____
 Phone: _____ Cell: _____
 Email: _____
 Parent/Guardian Name: _____
 Phone: _____ Other: _____
 Emergency Contact (not parent): _____
 Emergency Contact phone no: _____

HEALTH AND MEDICAL INFORMATION
 Please indicate if child experiences or has experienced any of the following:

CONDITION	Y	N	DETAILS
ADHD/ADD	<input type="checkbox"/>	<input type="checkbox"/>	_____
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	_____
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	_____
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Peanuts	<input type="checkbox"/>	<input type="checkbox"/>	EPI Pen Yes <input type="checkbox"/> No <input type="checkbox"/>
• Bee Stings	<input type="checkbox"/>	<input type="checkbox"/>	EPI Pen Yes <input type="checkbox"/> No <input type="checkbox"/>
• Food	<input type="checkbox"/>	<input type="checkbox"/>	_____
<i>LIST ALL food allergies/ Diet restrictions.</i>			

Would you like to receive our monthly newsletter update? YES NO

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: _____

KIDS & YOUTH Camps Only—Check box to indicate your child's current Swim Level:

Weak— needs life jacket
 Fair – shallow end ONLY
 Good– deep end OK

Photo Release Consent:
 The majority of the programs that we offer are little to no cost to our participants. To help us promote our programs and receive continued funding from our sponsors we require photos of our programs in action. These photos may be used in our year-end report, as well as on our website and promotional brochures. Your child's name, will NOT appear in the photo.

I give permission for my child's photo to be used to promote future Place Maillardville programs and/or community events.
 I Do Not give permission for my child's photo to be used in promotional publications for Place Maillardville.

Parent/Guardian Signature _____ Date _____

I/We agree that our 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 my/our son/daughter 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.

Parent/Guardian Signature _____ Date _____



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Place Maillardville Community Centre Waiver

Additional Information Required for Preschool Aged Programs

Please Write 'yes', 'no', or 'N/A' next to each statement

- I agree to sign my child in and out of the program each day _____
- I agree to call if my child is going to be absent for the program _____
- I have received and read the parent/guardian information package _____
- I acknowledge that my child is fully toilet trained and is not wearing Pull ups _____
- I will provide my child's emergency preparedness package _____
- Occasionally, the programs may leave Place Maillardville for walks within the community as part of their learning and fitness. I agree to my child participating in these walks. _____

Parent/Guardian Signature: _____

Date: _____

Printed Name: _____