

**WAIVER 2018**Medical Notes  Registered 

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 \_\_\_\_\_