

WAIVER 2019

For office use only
Medical Notes Registered



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

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

Are 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.

Photo Release Consent:

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. Name's will NOT appear in the photo. YES NO

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

Date



Place Maillardville Community Centre Waiver

Additional Information Required for Early Years Programs:

- | | YES | NO |
|--|--------------------------|--------------------------|
| • I agree to sign my child in and out of the program each day. | <input type="checkbox"/> | <input type="checkbox"/> |
| • I agree to call if my child is going to be absent from the program. | <input type="checkbox"/> | <input type="checkbox"/> |
| • I have received and read the parent/guardian information package. (not required for camps) | <input type="checkbox"/> | <input type="checkbox"/> |
| • I acknowledge that my child is fully toilet trained. (no pull-ups) | <input type="checkbox"/> | <input type="checkbox"/> |
| • I will provide my child's Emergency Preparedness Package by the second day of class. (not required for camps) | <input type="checkbox"/> | <input type="checkbox"/> |
| • 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. | <input type="checkbox"/> | <input type="checkbox"/> |

Parent/Guardian Signature: _____

Printed Name: _____

Date: _____