

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's First Name: _____

Participant's Last Name: _____

Male Female Grade: ____ Age ____ Birthday _____

Address: _____

City: _____ Postal Code: _____

Email: _____

Parent/Guardian Name: _____

Best Phone # to reach you:

Alternative Phone #: _____

Emergency Contact Name: _____
(Other than above)

Emergency Contact Phone #: _____

MEDICAL INFORMATION

Indicate if participant has any medical conditions/food allergies:

Medical Condition Details:

List Allergies including Food:

Requires EPI Pen: Yes No

SWIM LEVEL:

WEAK - needs life jacket

FAIR - shallow end ONLY

STRONG -deep end OK

Would you like to receive our monthly newsletter?

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: _____

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. Name's will NOT appear in the photo.

I give permission for photos to be used to promote future Place Maillardville programs and/or community events.

I DO NOT give permission for photos to be used in promotional publications for Place Maillardville.

Parent/Guardian Signature _____ Date _____

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/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 _____