

**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 \_\_\_\_\_



## 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: \_\_\_\_\_