

WAIVER 2022

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 First Name: _____

Participant Last Name: _____

Gender: _____

Age: 15 years & younger 16 years & older

Address: _____

City: _____ Postal Code: _____

Email: _____

IF 16YRS & OLDER:

Participant's Phone #: _____

Emergency Contact Name: _____

Emergency Contact Phone #: _____

What PROGRAM(s) are you registering for:**MEDICAL INFORMATION**

Indicate if participant has any medical conditions/food allergies:

List Allergies including Food:

Requires EPI Pen: Yes No **Complete if Participant is (15 YEARS & YOUNGER):**

Child's Birthday: _____ (mm/dd/yyyy)

Parent/Guardian Name: _____ Phone #: _____

Parent/Guardian Name: _____ Phone #: _____

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: _____**CAMPS ONLY—Swim Level:** Weak - Needs a life jacket Fair—Shallow end ONLY Strong—Deep End OK**PHOTO RELEASE CONSENT:**To help us promote our programs and receive continued funding from our Sponsors, we require photos of our programs in action. Do you give us permission to use program photos in promotional materials? YES NO**NEWSLETTER:** Would you like to receive our monthly Newsletter? YES NO**WAIVER SIGNATURE:****Note:** We will retain this waiver until the end of each 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 Société Place Maillardville Society staff, program instructor(s) and partners of Société Place Maillardville Society 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 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.

I agree that if I or any member of my household displays any symptoms of illness or is not feeling well, I/We will not attend a Place Maillardville program.

Signature - (Parent/Guardian/Participant 16yrs and older)_____
Date