# reccowichan

## **Program Registration Form**

#### PERSONAL INFORMATION

Child's Name:	Age:	Birthdate:	
Programs:			
Parent/Guardian:	Parent/Guardian:		
Primary Phone #:	Primary Phone #:		
Secondary Phone #:	Secondary Phor	ne #:	
Email:	Email:		
Child's Care Card #:			

Child's Doctor:

Doctor's Phone #:

### EMERGENCY CONTACTS AND CHILD RELEASE

Please list the Emergency Contacts and the people who are allowed to pick up your child/children. Children are not allowed to leave with any other person without written authorization from a parent or guardian. This section MUST be completed.

# 1	Ph. #	Relationship:
# 2	Ph. #	Relationship:
# 3	Ph. #	Relationship:

#### PRIVACY STATEMENT

Personal Information is collected by the Municipality of North Cowichan, the Cowichan Valley Regional District, and the Town of Ladysmith ("the Local Governments") under the authority of section 26(c) of the Freedom of Information and Protection of Privacy Act for the purpose of administering recreation programs and recreation facilities. Should you have any questions about the collection of this personal information please contact:

Deputy Director of Corporate Services, Municipality of North Cowichan 250-746-3100; Box 278, 7030 Trans Canada Hwy, Duncan, BC V9L 3X4

#### CHILD'S SWIMMING ABILITY

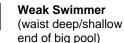
Please indicate your child's swimming ability. (NOTE: This section is not applicable to some programs)



Strong Swimmer (deep water/pool)



Capable Swimmer (up to shoulder/shallow end of big pool)



Non-Swimmer (shallow water/ small pool only)

My child is has completed swimming level:

My child requires a life jacket:

YES	NO
. = •	

#### **HEALTH & SPECIAL CONSIDERATIONS**

Does	your child have a	ny hea	Ith and/or special considera	tions	?  YES*  NO		
*If YE	S, what special co	onside	rations should we be aware	of to I	petter meet your child's need	s? Pl	ease check boxes below.
	Allergies		Asthma		Medical or Health Conditions/Restrictions		Emotional/Psychological
	Hearing		Behavioural Concerns		Speech		Multiple Disabilities
	Visual		ADHD/ADD		Intellectual		Seizures
	Physical		Learning		Other:		
Please	e provide additiona	l inforn	nation for any health or special	l consi	derations:		
Does	your child require	e medi	cation during program hours	s?	YES*		NO
*If YE	S, the program su	pervis	or will contact you.				
			ional help or an Education A sical, intellectual, language, et		ant at school?		NO
*IF YE	S, YOUR CHILD F	REQUI	RES AN AID FOR OUR CAM	P. Cor	tact a staff member if you requ	ire fur	ther clarification.
	DEOLIDEME						

#### ICBC REQUIREMENTS



My child weighs less than 40 lbs.

My child is younger than 9 years old.

My child is not yet 145 cm tall (4'9").

If you have checked any box listed above you may need to provide a booster seat for your child on field trip days. For further information on Child Passenger Regulations please ask our staff or go to <u>www.icbc.com</u>. Please check with staff to see if one is needed for our bus.

#### CONSENT

Please INITIAL each box and sign below to indicate you UNDERSTAND and CONSENT TO the following:

		Initial
EMERGENCIES	I CONSENT to a staff member of "the Local Governments" calling Emergency Services for my child in the case of an accident or illness if I cannot be immediately reached.	
РНОТОЅ	I give "the Local Governments" the right and permission to utilize photographs taken of my child during the program for promotional materials (posters, website, social media).	
FIELD TRIPS	I give my permission for my child to participate in field trips. I understand my child may ride a bus, vehicle, or walk to the planned destination. <i>Please complete the ICBC Requirements section above.</i>	
ILLNESS	I agree to keep my child at home or seek alternate care arrangements if my child is displaying any signs of illness.	

#### By signing below I agree:

I have read and understood all of the information in Consent Section above.

I release and hold harmless "the Local Governments," their officers, agents, and employees, including Parks and Recreation staff and volunteers, from any liability for any injury or damage that my child or I may sustain connected with participation in program activities.

Signature of
Parent/Guardian:

Date: