

## **Program Registration Form**

Child's Name:		Age:	Birthdate:	
Programs:				
Parent/Guardian:		Parent/Guardian:		
Primary Phone #:		Primary Phone #:		
Secondary Phone #:		Secondary Phone #:		
Email:		Email:		
Child's Care Card #:				
Child's Doctor:		Doctor's Phone #:		
Please list the Emergency Contacts and	the people who are allowed	d to pick up you	r child/children. Childre section MUST be comp	en are not allowed to leave bleted.
EMERGENCY CONTACTS A  Please list the Emergency Contacts and with any other person without written au  # 1  # 2  # 3	the people who are allowed thorization from a parent or	d to pick up you	section MUST be comp	oleted.
Please list the Emergency Contacts and with any other person without written au #1 #2	the people who are allowe thorization from a parent or  Ph. #  Ph. #	d to pick up you	Relationship:	oleted.
Please list the Emergency Contacts and with any other person without written au # 1 # 2 # 3	the people who are allower thorization from a parent or  Ph. #  Ph. #  Ph. #  Municipality of North Cowing the authority of section on programs and recreation	d to pick up you guardian. This han, the Cowic 26(c) of the Fre	Relationship: Relationship: Relationship: Relationship:	strict, and the Town of and Protection of Privacy Act
Please list the Emergency Contacts and with any other person without written au # 1 # 2 # 3  PRIVACY STATEMENT  Personal Information is collected by the adysmith ("the Local Governments") ure or the purpose of administering recreation is personal information please contact Deputy Director of Corporate Services, in	the people who are allower thorization from a parent or  Ph. #  Ph. #  Ph. #  Municipality of North Cowice deer the authority of section on programs and recreation:  Municipality of North Cowice  Municipality of North Cowice	han, the Cowic 26(c) of the Francischer	Relationship: Relationship: Relationship: Relationship:	strict, and the Town of and Protection of Privacy Act
Please list the Emergency Contacts and with any other person without written au # 1 # 2 # 3  PRIVACY STATEMENT  Personal Information is collected by the adysmith ("the Local Governments") ur or the purpose of administering recreating personal information please contact Deputy Director of Corporate Services, In 250-746-3100; Box 278, 7030 Trans Calledge 1980 (1980).	the people who are allower thorization from a parent or Ph. # Ph. # Ph. # Ph. #  Municipality of North Cowice adder the authority of section on programs and recreations:  Municipality of North Cowice and Hwy, Duncan, BC VS	han, the Cowic 26(c) of the Francischer	Relationship: Relationship: Relationship: Relationship:	strict, and the Town of and Protection of Privacy Act
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Does your child have any health and/or special considerations?						
*If YES, what special considerations should we be aware of to better meet your child's needs? Please check boxes below.						
Allergies Hearing Visual Physical Please provide additions	Behavioural Concerns Speech M	motional/Psychological fultiple Disabilities eizures				
Does your child requir	ire medication during program hours?	 )				
*If YES, the program s	supervisor will contact you.					
	ire additional help or an Education Assistant at school?  TYES*  NC  NC	)				
*IF YES, YOUR CHILD	REQUIRES AN AID FOR OUR CAMP. Contact a staff member if you require further	r clarification.				
ICBC REQUIREM	ENTS					
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 <a href="https://www.icbc.com">www.icbc.com</a> . Please check with staff to see if one is needed for our bus.  CONSENT						
Please <b>INITIAL</b> each box	x and sign below to indicate you <b>UNDERSTAND</b> and <b>CONSENT TO</b> the following:					
	LCONSENT to a staff member of "the Legal Covernments" calling Emergancy So	Initial				
EMERGENCIES	I CONSENT to a staff member of "the Local Governments" calling Emergency Sel for my child in the case of an accident or illness if I cannot be immediately reached					
PHOTOS	I give "the Local Governments" the right and permission to utilize photographs tak my child during the program for promotional materials (posters, website, social me					
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.  Please complete the ICBC Requirements section above.					
ILLNESS	I agree to keep my child at home or seek alternate care arrangements if my child in displaying any signs of illness.	is				
I release and hold harm	ee: stood all of the information in Consent Section above. nless "the Local Governments," their officers, agents, and employees, including om any liability for any injury or damage that my child or I may sustain connect Date:					

**HEALTH & SPECIAL CONSIDERATIONS**