Program Profile Form

PERSONAL INFORMATION

Child's Name:	**Age:**	**Birthdate:**
Programs:		

Parent/Guardian:	**Parent/Guardian:**
Primary Phone #:	Primary Phone #:
Secondary Phone #:	Secondary Phone #:
Email:	Email:

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)

☐ **Weak Swimmer** (waist deep/shallow end of big pool)

☐ **Non-Swimmer** (shallow water/ small pool only)

My child has completed swimming level: _____

My child requires a life jacket: ☐ **YES** ☐ **NO**

HEALTH & SPECIAL CONSIDERATIONS

Does your child have any health and/or special considerations? ☐ **YES*** ☐ **NO**

***If YES, what special considerations should we be aware of to better meet your child's needs?** Please 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 provide additional information for any health or special considerations:

Does your child require medication during program hours? ☐ **YES*** ☐ **NO**

***If YES, the program supervisor will contact you.**

Does your child require additional help or an Education Assistant at school? ☐ **YES*** ☐ **NO**
Ex. behavioural, emotional, physical, intellectual, language, etc.

***IF YES, YOUR CHILD MAY REQUIRE AN AID FOR OUR CAMP, for behavioural / safety reasons.**
Please contact a staff member if you require further clarification.

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.	
PHOTOS	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 or walk to the planned destination.	
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:** _____