



# Parks Program Profile Form

## South Cowichan Recreation

### PERSONAL INFORMATION

Child's Name:	Age:	Birthdate:
Address:		

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

### EMERGENCY CONTACT

Name:	Ph. #	Secondary Ph #:
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### HEALTH & SPECIAL CONSIDERATIONS

Does your child have any health and/or special considerations?     Yes     No

**If YES, please provide additional information:**

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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 requires a parent or helper to remain on site while participating in our Parks Programs. 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
<b>EMERGENCIES</b>	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.	
<b>PHOTOS</b>	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).	

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: \_\_\_\_\_