



Recreation & Culture
PARENTAL CONSENT/INFORMATION/
PHOTO RELEASE FORM

This form needs to be completed prior to registration. Information gathered from this form is used to ensure program leaders can provide your child with high quality service. This form also provides parental consent for your child to participate in any Recreation and Culture program and provides the program leaders with information on whether or not we can photograph your child for the purposes of promoting programs.

Parent/Guardian Name:	Child's Name:
Emergency Contact Name:	Emergency Contact #:
Child's Doctor's Name:	Child's B.C. Medical #:

- List any medical conditions (e.g. Asthma) and/or allergies (e.g. food, bees, medications) that your child may have:
If your child has no medical conditions or allergies please say none

- Is there anything you would like the program leader to know about your child?

- My child has authorization to walk home after a program: Yes No

- List 3 people and their phone numbers, other than the parent/guardian who are authorized to pick up your child from the program:
Children will only be allowed to leave with a parent/guardian or persons on this list

- _____ TEL: _____
- _____ TEL: _____
- _____ TEL: _____

- I give permission for the City of Campbell River to take photographs and videos of the above mentioned child for promotions and records * *We use photos on social media, newspaper ads, posters etc.*

Yes No

- Parental Consent - I consent to my child's participation in City of Campbell River Recreation programs. I am aware of the risks associated with participation in the programs, including risk of injury, and I consent to my child's participation. I acknowledge that it is my responsibility to advise the City of Campbell River of any medical or other conditions that may affect my child's participation. In the event that my child requires medical attention, I consent to my child being transported to the nearest emergency centre, including by ambulance if necessary, and accept that I am responsible for any costs of such ambulance service.

I have read this Parental Consent and understand and accept its terms

Date: _____