

PARTICIPANT WAIVER FORM

PROGRAM NAME: _____

DATE: _____

CHILD 01	<p>Child's Name: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> First Name Last Name </div> </p> <p>Child's name preference: _____ Child's preferred pronouns: _____</p> <p>Birth Date (DD/MM/YYYY): _____ Care Card #: _____</p> <p>Child's 1st language: _____ Child's 2nd language: _____</p> <p>Does your child have a life-threatening allergy or medical condition? <input type="checkbox"/> YES or <input type="checkbox"/> NO (Check one) <i>If YES, please complete the Medical Information Section in this Waiver</i></p>
CHILD 02	<p>Child's Name: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> First Name Last Name </div> </p> <p>Child's name preference: _____ Child's preferred pronouns: _____</p> <p>Birth Date (DD/MM/YYYY): _____ Care Card #: _____</p> <p>Child's 1st language: _____ Child's 2nd language: _____</p> <p>Does your child have a life-threatening allergy or medical condition? <input type="checkbox"/> YES or <input type="checkbox"/> NO (Check one) <i>If YES, please complete the Medical Information Section in this Waiver</i></p>
CHILD 03	<p>Child's Name: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> First Name Last Name </div> </p> <p>Child's name preference: _____ Child's preferred pronouns: _____</p> <p>Birth Date (DD/MM/YYYY): _____ Care Card #: _____</p> <p>Child's 1st language: _____ Child's 2nd language: _____</p> <p>Does your child have a life-threatening allergy or medical condition? <input type="checkbox"/> YES or <input type="checkbox"/> NO (Check one) <i>If YES, please complete the Medical Information Section in this Waiver</i></p>
CONTACTS	<p>Parent/Guardian _____ Relationship to child: _____</p> <p>#1 Phone : _____ #2 Phone: _____</p> <p>Emergency contact: _____ Relationship to child: _____</p> <p>Phone: _____ Phone: _____</p>
PICK UP AUTHORIZATION	<p>I hereby authorize the following people to pick up my child, at the program location in the event parent(s)/guardian(s) are unable to, and have notified The Chilliwack Cultural Centre's staff prior to pick-up. All authorized pick up persons are required to provide photo ID to Chilliwack Cultural Centre staff.</p> <p>1. _____ Phone Number: _____</p> <p>2. _____ Phone Number: _____</p>
MEDIA	<p>I, the undersigned parent/guardian, do hereby agree to all the individual names herein to be photographed/video recorded and pictures to be used solely for the purposes of promoting the Chilliwack Arts & Cultural Centre Society's programs in digital or print media. No names will be used. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>

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Please ensure all information is completely filled out as this information is used for staff to provide medical treatment and information for your child in the event of an illness or injury.

Does your child or children: (**For each child attending** identify the name of the condition or medication if they have any of the following considerations)

Have any medical conditions (i.e. Asthma)? YES or NO If **YES** please explain below:

Take any medication (include type, dosage, times of self-medication)? YES or NO
If **YES** please explain below:

Have any allergies (include types of food, medication, environment)? YES or NO
If **YES** please explain below:

Have any limitations that would mean the child could not participate in activities?

Medical Release:

It is our policy to notify a parent when a child is ill or needs medical attention. In the event we cannot contact you and we need to get immediate help for your child, we require a signed consent to do so.

1. I give consent for my child(ren) to be taken to the nearest emergency medical centre by ambulance when I cannot be contacted.
2. I give consent for my child(ren) to receive medical treatment.

Signature of parent/guardian: _____ Date: _____

MEDICAL INFORMATION

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IMPORTANT INFORMATION	<p>Please list any family information or special instructions the Chilliwack Arts & Cultural Centre Society staff should be aware of while your child is with us:</p> <hr/> <hr/> <hr/>
WALK HOME AUTHORIZATION	<p>By signing below, I give permission for my child/ren (over 10 years of age) to walk home/leave unaccompanied and without a parent or guardian after the program/class is concluded.</p> <hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <div style="display: flex; justify-content: space-between;"> Parent/Guardian signature Printed name </div>

I consent to my child's participation in this program. I am aware that there are risks associated with the participation in this program, including the risk of injury, and I consent to my child's participation in spite of such risks. I acknowledge that it is my responsibility to advise the Chilliwack Cultural Centre of any medical or other conditions which may affect my child's participation in the Chilliwack Cultural Centre's programs and have listed them above. I have read this form and understand and accept its terms.

Parent/Guardian signature

Printed Name

Date

Parent/guardian email