

HSPE PARTICIPANT INFORMATION FORM



Child's Name: _____ Home Phone No: _____

Age: _____ Birth Date (DD/MM/YY): _____

Sex: M F Hair Color: _____ Eye Color: _____

Parent/Guardian #1: _____ Day Phone No: _____ Custody: Yes No

Parent/Guardian #2: _____ Day Phone No: _____ Custody: Yes No

In case of emergency, parent/guardians will be notified. Please provide alternate emergency contacts and phone numbers:

Name: _____ Phone No: _____ Relation to Child: _____

Is there anyone who is NOT legally authorized to pick up your child? Yes No *(If yes, please provide court documents)*

ALLERGIES AND/OR HEALTH CONCERNS: Does your child have any food or other allergies? Does your child have any health concerns we should be aware of? (Please list)

MEDICATION: Does your child have a health concern that might require an epi-pen or puffer/inhaler? (Please provide details)

PHOTO RELEASE (optional):

The undersigned hereby grants the TransAlta Tri Leisure Centre, their legal representatives and assignments, the rights and permission to take and publish still photographs and moving videos taken of my child at the TransAlta Tri Leisure Centre. These pictures may be used in publications, audio visual presentations, promotional literature, and website or in any other manner for the purpose of displays and promotions.

PARENT SIGNATURE

DATE

<p>MEDICAL STATEMENT</p> <p>In case of emergency or illness every effort will be made to contact the parents/guardians. In the event that contact cannot be made, I agree that in case of emergency or illness, a qualified medical physician may attend to my child.</p> <p>_____</p> <p>PARENT SIGNATURE DATE</p>	<p>INFORMED CONSENT</p> <p>I am aware that the TransAlta Tri Leisure Centre programs may be involved in some of the following activities: swimming, skating, sports, using TransAlta Tri Leisure Centre facilities, off site trips, such as walking to local parks or other locations surrounding the TransAlta Tri Leisure Centre.</p> <p>_____</p> <p>PARENT SIGNATURE DATE</p>
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