

PARTICIPANT INFORMATION FORM



Child's Name: _____ Home Phone No: _____

Address: _____

City/Province: _____ Postal Code: _____

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

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

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

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

Alberta Health Care No: _____ Other coverage: _____

Family Doctor's Name: _____ Phone No: _____

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

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

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: Does your child have any food or other allergies? (Please list)

HEALTH CONCERNS: Does your child have any illnesses, learning disabilities, or any other medical conditions?

MEDICATION: Is your child on any medication (Please list)? Will your child be taking medication during the program?

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

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| <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>_____ PARENT SIGNATURE</p> <p>_____ 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>_____ PARENT SIGNATURE</p> <p>_____ DATE</p> | <p>FIELD TRIP PERMISSION</p> <p>I hereby give written consent for my child to participate in the trips away from the TransAlta Tri Leisure Centre as a program activity. I fully understand that reasonable precautions and safety measures will be taken by the program staff and I waive any liability on the part of the TransAlta Tri Leisure Centre.</p> <p>_____ PARENT SIGNATURE</p> <p>_____ DATE</p> |
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