

**PARTICIPANT & PROGRAM INFORMATION**

<b>Participant #1</b> (First, Last)	<b>Date of Birth</b> (yyyy/mm/dd)
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Program #	Program Name	Fee \$

<b>Participant #2</b> (First, Last)	<b>Date of Birth</b>
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Program #	Program Name	Fee \$

**Total Fees: \$**

**FAMILY INFORMATION**

<b>Parent/Guardian</b> (First, Last)	<b>Relationship to Participant</b>	<b>Date of Birth</b> (yyyy/mm/dd)
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<b>Address:</b>	<b>City, Province</b>	<b>Postal Code</b>	<b>Email:</b>
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<b>Home Phone:</b>	<b>Work Phone:</b>	<b>Cell:</b>
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<b>Parent/Guardian</b> (First, Last)	<b>Relationship to Participant</b>	<b>Date of Birth</b> (yyyy/mm/dd)
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<b>Address:</b>	<b>Email:</b>
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<b>Home Phone:</b>	<b>Work Phone:</b>	<b>Cell:</b>
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**EMERGENCY CONTACT**

<b>Name</b> (Other than Parent or Guardian)	<b>Relationship to Participant</b>
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**PHONE NUMBERS**

<b>Home:</b>	<b>Work:</b>	<b>Cell:</b>
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**MEDICAL INFORMATION**

Does the Participant(s) have any allergies, medical conditions, or medications that we should be aware of?

Yes  No

If Yes, please indicate:

Does the Participant(s) have a disability or any specific needs (physical, emotional, behavioral, intellectual or developmental) that staff should be aware of?

Yes  No

If Yes, Please indicate:

**CONSENT**

**To be completed by parent or legal guardian if participant is under 18 years of age or incapable of giving consent.** The information I have provided on this form is complete and accurate. I acknowledge and agree that I am responsible for updating the information on this Form and ensuring that it is provided to Program staff. The City reserves the right to request a parent/authorized caregiver pick up the participant if the participant's safety may be compromised by leaving the Program alone.

I give consent for my child's image to be taken in the form of videotape, filming or photography for the City or affiliate organization's public relations and communication/marketing materials including social media.

Refunds will only be issued if the program is cancelled by the City of Prince Albert. The issuing of refunds and credits due to withdrawals for any other reason will be subject to an \$8.00 program withdrawal fee and will be at the sole discretion of the City of Prince Albert.

**By signing this document, you will waive certain legal rights, including the right to sue. PLEASE READ CAREFULLY!**

1. My child has met all of the prerequisites required for participation in the Program(s).
2. My child will abide by the rules and regulations imposed on the participants in the Program(s).
3. There are risks and hazards inherent in the very nature of the Program and that as a result of these risks and hazards, my Child may suffer serious personal injury, as well as property loss. I nevertheless freely and voluntarily assume the aforementioned risks and hazards and accordingly my Child's participation in the Program(s) shall be entirely at my own risk.
4. I waive any claim I may have against the City arising from my Child's participation in the Program(s) and agree to indemnify and hold harmless the City for any claim, including any claim for medical services arising from my Child's participation in the Program(s).
5. The City may secure such medical advice and services as it, in its sole discretion, may deem necessary for my Child's health and safety and I shall be financially responsible for such advice and services.
6. I relinquish any and all personal or proprietary rights I may have in connection with the use of photos of my child taken for publicity purposes (if consented above). I understand that I will receive no compensation should any photograph of my child be taken.

<b>Parent/Legal Guardian Signature:</b>	<b>Date</b>		
	YYYY	MM	DD

**FOR STAFF USE ONLY**

<b>Reviewed by</b> (First, Last)	<b>Date Received</b> (yyyy-mm-dd)
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**Total Paid:** \_\_\_\_\_ **Receipt** \_\_\_\_\_  CHEQUE  CASH  MONEY ORDER  CREDIT CARD  DEBIT