

## Medical Form – Child/Youth

**Please hand in completed form to instructor on the first day of class.**

The following information may assist an instructor in case of an emergency. Please take a moment to read and fill out the form.

Program Name:	
Child's Name:	
Parent's Name:	
Address:	
Home Phone:	Work Phone:

**Emergency Contact Person:**

Name:	
Home Phone:	Work Phone:
Child Care Card No.:	
Doctor's Name:	Doctor's Phone:
Allergies? <input type="checkbox"/> No <input type="checkbox"/> Yes Describe:	
Medical Concerns? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please describe below.	
Is there anything else you would like us to know about your child's needs?	

Please inform the leaders if you will not be picking up or dropping off your child at the regular times.

Name(s) of persons other than yourself who will be picking your child up:

Name:	Phone:
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## Medical Form – Child/Youth

### Informed Consent – Child/Youth

Dear Parent/Guardian of Registrant:

Thank you for choosing to use the facilities, services, or programs of White Rock Recreation and Culture. We request your understanding and cooperation in maintaining the safety and health of both staff and participants by reading and signing the following INFORMED CONSENT.

I declare that my child, \_\_\_\_\_ intends to use some or all of the activities, facilities, programs and services offered by White Rock Recreation and Culture and I understand that each person, (my child included), has different capacities for participating in such activities, facilities, programs and services. I am aware that all activities, services and programs offered are educational, recreational, or self-directed in nature. I assume full responsibility before, during and after participation to instruct my child on the choices available to him/her relative to the risks to be undertaken, information or instructions available.

I understand that part of the risk involved in undertaking any activity or program is relative to one's own state of fitness or health (physical, mental or emotional) and the awareness, care and skill with which my child conducts themselves in that activity or program. I acknowledge that my child's choice to participate in any activity, service, and program of White Rock Recreation and Culture brings with it the assumption by me of those risks or results stemming from this/these choices(s) and the fitness, health, awareness, care and skill that my child possesses and uses. In addition, I understand that I am free to withdraw my child from, or reduce or modify involvement in any program activity, and I realize that I should do so upon recognition of any signs of transient lightheadedness, fainting, chest discomfort, leg cramps, nausea, etc.

I further understand that the activities, programs, and services offered by White Rock Recreation and Culture are sometimes conducted by personnel who may not be licensed, certified, or registered instructors or professionals. I accept the fact that the skills and competencies of some employees and/or volunteers will vary according to their training and experience and that no claim is made to offer assessment or treatment of any mental or physical disease or condition by those who are not duly licensed, certified or registered and herein employed to provide such professional services.

In addition, I acknowledge that I have inquired about the nature of any activity, program, or services that I am not completely familiar with and I have been informed of any inherent risks.

1. I hereby give consent for a City of White Rock Recreation and Culture staff to call a medical practitioner or ambulance for my child in the case of accident or illness, if I cannot be reached immediately.
2. I hereby give my consent for my child to attend scheduled off-site trips under direct supervision of White Rock Leisure Staff.

PARENTS SIGNATURE (or Legal Guardian): \_\_\_\_\_

DATE: \_\_\_\_\_

I declare that I have read, understood and agree to the contents of the INFORMED CONSENT AGREEMENT in its entirety.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date