

This information is for staff use. The standard response in the event of a medical emergency is to call 9-1-1, then call the parent or guardian. Information on this form may also be provided to 9-1-1 personnel in the event of an emergency.

Program: _____ Date/Time: _____
 Season/Year: _____ Location: _____

Participant Name:	_____	_____	
	First	Last	
Birth Date:	_____	Gender:	_____
Parent/Guardian:	_____		
	First	Last	
Home Phone:	_____	Cell:	_____
Work Phone:	_____	Other:	_____
Address:	_____		
Email:	_____	Language(s):	_____

- Does participant have a life-threatening allergy/condition? No Yes
- Does participant have an epi-pen? No Yes
- Does participant have disability? No Yes
- Does participant require assistance in order to participate in this program? No Yes
 If Yes, please contact the access coordinator, 604-297-4529
 (Note: Please bring an attendant, caregiver or family member if you require personal care support such as changing, transferring, washroom assistance, or administration of medication.)
- Does participant have behaviours that staff should be aware of? _____ No Yes
- Is there anything else we need to know about the participant? _____ No Yes
 (for example: medical conditions, dietary restrictions, general allergies, fears, etc.)

Please Note: This information helps staff determine if we can safely accommodate the participant in our program. If you have indicated "Yes" to any of the above questions, **you must speak with staff before your child can participate in the program. Next step: Complete the Program Support Package.**

PICK-UP AUTHORIZATION

The following people are authorized to pick up the participant in the event of emergency or in my absence.

First Name	Last Name	Relationship to Participant	Contact Number
_____	_____	_____	_____
_____	_____	_____	_____

SIGN IN AND OUT AT SELECT LOCATIONS (*) (for school aged children; not applicable for those in preschool/kindergarten)

- My child is permitted to:
- Sign themselves "IN" to the program No Yes
- Sign "OUT" and leave unaccompanied at the end of program No Yes

EMERGENCY CONTACT:

Emergency Contact Name(s): _____
Must be an alternate to Parent/Guardian listed above First Last

Relationship to Participant: _____ Phone: _____

I understand that I am responsible for immediately notifying the staff/supervisor of changes to this information.

 Signature of participant (19 years & older) or parent/guardian/caregiver Date



Photo/Audio/Video Release

Event or Program: _____ Date: _____

Photographer/Videographer: _____

I, _____ hereby: (a) grant the City of Burnaby (the “**City**”) and its elected officials, officers, employees, agents, contractors, nominees and delegates, including the above-named Photographer/Videographer (collectively, the “**City Personnel**”), the right to take photographs, video and audio recordings of me (collectively, the “**Recordings**”); and authorize the City to use, and publish the Recordings in whole or in part for any lawful purpose, including for such purposes as publicity, advertising, promotion, editorial, web content, social media, public displays and exhibitions. The foregoing consent is effective on the date shown above and shall remain in effect indefinitely, unless I revoke it earlier, in writing.

I acknowledge and agree that the City owns and retains all right, title and interest in and to the Recordings. I hereby waive any rights to approve the use of the Recordings now or in the future, and waive any right to any royalties or any other form of compensation related to the use of the Recordings.

I hereby release and discharge the City and City Personnel from any and all claims and demands arising out of or in connection with the use of the Recordings, including, without limitation, any and all claims for libel or violation of any right of publicity or privacy.

By signing below, I confirm that I have read, understand, and agree to be bound by, the terms of the consent and release set out above:

Print Name:

Signature:

Date:

Address:

If individual named above is 18 years or under:

I am the parent or legal guardian of the individual named above. By signing below, I confirm that I have read, understand, and agree to be bound by, the terms of the consent and release set out above.

Print Name:

Signature:

Date:

Address:

The personal information collected on this form is authorized under section 26 of the *Freedom of Information and Protection of Privacy Act* for the purpose(s) set out on this form. Should you have any questions about the collection of this personal information please contact us by mail at: Corporate Communications & Marketing, #215-4946 Canada Way, Burnaby, British Columbia V5G 4H7, by telephone at 604-570-3636 or by email at communications@burnaby.ca