



Engage Sport North 2020 Program Consent Form

Child's name (first and last): _____

Program Consent:

By signing below, I am giving consent that my child may participate in any Engage Sport North's programs (ages 4–20) including weekly programs and camps. In consideration of my child's participation in this programs, I, and our heirs and assigns, hereby forever release, discharge and hold harmless the Engage Sport North's directors, officers, employees, representatives, agents, and volunteers from any liability for an injury, loss or damage sustained by our child, howsoever caused, arising out of or in connection with our child's participation in the above mentioned program.

Transportation Consent:

I understand that some of Engage Sport North's programs will require that my child be transported away from the base site. I understand that all safety precautions will be taken when transporting my child off site and I give permission for this to occur.

Emergency Treatment:

In the case of illness or accident of my child, and I cannot be reached by phone, I hereby authorize Engage Sport North's program staff to send for or seek medical assistance. I agree that in the case of an EMERGENCY, Engage Sport North's program staff may call upon the local hospital or ambulance. All costs incurred are the responsibility of the parent or guardian.

This waiver and all information included on the attached forms which includes medical and contact information will be valid as of December 31, 2020. It is my responsibility to inform Engage Sport North staff in writing with any changes to this information in the one year term (January 1, 2020 to December 31, 2020).

My child can have his/her pictures or video and taken and published

Yes

No

Guardian's Name

Guardian Signature

DATE: _____

There may be photos/video taken during Engage Sport North activities and published for promotional purposes. Please sign on the line below to give the Engage Sport North network of centres permission to use any promotional photos or video that may include your child.

X _____



MEDICAL & PICK-UP INFORMATION FORM

Name: _____ **Age:** _____ **Sex (Please Circle):** M / F

Address: _____

City: _____ **Postal Code:** _____

Birthdate (mm/dd/yy): ____/____/____ **Care Card #:** _____

Parent or Guardian Information

Name: _____ **Phone (h):** _____ **Phone (w):** _____

Physician Information

Name: _____ **Phone:** _____ **City:** _____

Emergency Contact Information

Name: _____ **Phone:** _____ **Relationship:** _____

Medical Information

Allergies (drug/food/other) *(Please Specify; If no allergies, please state "none" or "n/a")*

Please list any medical conditions or other concerns (include any information regarding conditions that could inhibit or impact your child's participation in all activities) In addition, please specify if your child is currently taking any medications or using any medical devices (i.e. asthma puffer, insulin, epipen for any allergy, heart medications, etc). If no medical conditions and/or medications taken, please state "none" or "n/a" for one or both.

Will you be the only adult picking up your child at the end of the day? If not, please include the name of the person picking up your son/daughter.

I _____ **certify that all of the above information is current and correct.**
(Parent or Guardian)

Parent/Guardian Signature

Date