



PARTICIPANT INFORMATION SHEET

15 Curtis Ave N. Paris, ON N3L 2M2

Phone: 519-442-1818

**Please complete the following form and submit on the first day of program.
It is mandatory that we receive all completed and up-to-date forms (each year).
Please print and complete one form per participant.**

Last Name:

First Name:

Date of Birth (mm/dd/yyyy):

Age at Program:

Address:

(street)

(city)

(postal code)

Phone Number:

Parent/Guardian's Name:

Phone Number Business: Guardian 1

Guardian 2

Phone Number Mobile: Guardian 1

Guardian 2

Person to contact in case of emergency if parent/guardian is not available:

Name:

Phone Number:

Relationship:

MEDICAL INFORMATION

Allergies - List any known allergies and level of severity that your child has;

Has your child had any recent illnesses, operations or injuries that will effect of limit participation in activities?

Other Health Concerns:

Medications Being Sent: All medications (except inhalers) must be turned into and kept with the program coordinator and dispensed by the program coordinator. Medications must come in the original containers and include the participants name and directions for use. Parents are responsible for checking the expiry dates.

Medication Name:

Dosage:

Administration Time:

Will your child be bringing an Epi-Pen/Inhaler?

Yes

No

If Yes, does your child know how to use it?

Yes

No

****Participants brining Epi/Pen/Inhaler should also bring a fanny pack to carry it in.****

YOUR CHILD'S SAFETY IS VERY IMPORTANT TO US!

Attendance

Attendance will be taken at the beginning of program before activities begin. If your child will not be coming on a given day, please call or write program staff a note. This will save us having to call the home to make sure the child is in fact at home and accounted for.

Supervision

In order to provide supervision, it is important to know who will be escorting your child from program. If at any other time someone different will be responsible, inform the program staff.

Please indicate below how your child will leave the program setting.

Normally my child will be picked up by: (please complete only those who will be picking up your child)

Mother's Name

Father's Name

Sibling's Name

Grandparent

Other

My child is over 10 years old and will leave program on their own. Yes No

****If you have indicated that your child will be leaving program on their own, your child will be signed out of program at the end time.****

HOLD HARMLESS AGREEMENT

I, _____, agree that, from time to time and at all times hereinafter, they will and truly save, defend and fully indemnify the Employee representing the County from and against all actions, suit, claims and demands which may be brought against or upon the Corporation of the County of Brant and any Servant, Agent, or Employee representing the County and against loss, costs, damages, or expenses which the Corporation of the County of Brant and any Servant, Agent, or Employee representing the County may sustain, suffer, incur or be liable to resulting from, arising from, or in any way incidental to the Corporation of the County of Brant and any Servant, Agent, or Employee representing the County in connection with the activities to be held at County of Brant Programs.

I hereby certify that all information completed on this form is accurate and up-to-date and I will contact the County of Brant Staff in writing if there are any changes. I have also read and accept the Hold Harmless Agreement

Participants Name:

Date:

Signature:

COUNTY OF BRANT BEHAVIOUR POLICY

I, _____, have read and understand the County of Brant's Behaviour Policy. I recognize the consequences and the impact that any negative behaviours my child could present, as outlined within the policy, may have on my child's ability to participate in County of Brant's registered programs.

Initials of Parent/Guardian:

Date:

PHOTO RELEASE

I, _____, give the County of Brant my permission to use my/my child's photograph and/or story as part of its Community Relations, Marketing, Recreation Promotional materials. I also give my permission to be identified in the following manner:

Full Name

First Name Only

Initials Only

Do Not Wish To Be Identified

I understand that all photographs/stories become the property of the County of Brant and that, unless I request otherwise, the photographs/stories will not be returned to me.

Signature:

Witness Signature:

Date:

****PARTICIPANTS ENROLLED IN SUMMER CAMP ONLY****

Swimming Experience

Has your child taken swimming lessons in the past?

Yes

No

If yes, what level did they complete?

If no, please check their experience level;

Beginner (blow bubbles, submerge head, assisted floats, assisted glides, PFD)

Intermediate (floats, glides, entries/exits, front swim 5m)

Experienced (deep end entries/exits, intro to front crawl 15m, back swim)