



Participant Information Release & Authorization Form

Office use only

Participant # _____

Last Name: _____ First Name: _____

Date of Birth: ____ / ____ / ____ Age: _____ Sex: Male Female
(D) (M) (Y)

Address: _____ Postal Code: _____

Phone: (H) _____ Phone: (C) _____

Email: _____

Parent/Guardian Name(s): _____ & _____

Medical Concerns, Medications, & Disability **ALL FIELDS ARE MANADATORY** (E.g. Allergies, asthma, diabetes, special needs – e.g. behaviour / physical)		
Medical Conditions: <input type="checkbox"/> No <input type="checkbox"/> Yes <u>Explain:</u>	Medications: (e.g. inhaler, EpiPen) <input type="checkbox"/> No <input type="checkbox"/> Yes <u>Explain:</u>	Disability: Do you or your child require support or accommodation due to a disability? <u>Guardian</u> <u>Child</u> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes

*Please note: An additional form is required for **EpiPen users**. SNA volunteers and staff **CANNOT** administer any medications.

Mandatory Emergency Contact other than a parent (NOTE: we will call all numbers listed above prior to accessing this emergency contact.)

Name: _____ Relationship: _____ Phone: _____

My Child - over the age of 7 has permission to sign themselves out of program Yes No

If No please fill in Alternative Guardian Pick Up

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Security Question: _____ Security Answer: _____

Check box if you do NOT wish to receive info about Volunteer Opportunities at SNA

Check box if you do NOT wish to be informed about special events offered by SNA.

How did you hear about SNA? Newsletter City Activities Guide Word of Mouth Other _____

What is the easiest way to contact you, from information provided above? _____

- Authorization and RELEASE:** I, in my personal capacity and on behalf of the participant, do hereby **RELEASE FROM ALL LIABILITY** Silverheights Neighbourhood Association, its Directors, volunteers, employees, agent and representatives (hereinafter Releasee) for any injuries, illnesses, or other mishap that may be incurred by the participant while attending a registered or drop in program or event, except where damage or injury is caused by the gross negligence of the Releasee. In the event the participant should be injured or become ill, I authorize any medical treatment that may be required and will assume full financial responsibility for the said treatment. At no time is the Releasee liable for the action/inaction of any support worker supplied by and/or for the participant.
- Permission Form:** I hereby give my child permission to travel off-site to activities and events with the staff and volunteers on the above terms. Prior notice/schedules of activities will be provided. I authorize that I/my child may be digitally imaged for public relations materials/purposes.
- Personal Information** collected on this form is obtained in compliance with the Personal Health Information Protection Act (PHIPA) and will be used only for the purpose of the SNA. Questions about the collection of personal information should be directed to the SNA Health Information Custodian by calling 519-249-1200.
- I understand that this form shall be completed no less than each calendar year.
BY SIGNING THIS RELEASE YOU ARE RELEASING YOUR LEGAL RIGHTS AGAINST SNA.

Current Year	Signature of Parent/Guardian or Participant (if over 18 years of age or older)	Date	Office Use Only	
			Entered & updated on database	Initials
			<input type="checkbox"/>	
			<input type="checkbox"/>	



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SNA YOUTH PROGRAMMING RULES

The following student rules are in effect, although additional rules may be made from time to time.

1. Follow the directions given by the SNA Staff.
2. Hands and feet to yourself at all times.
3. Do not leave the group, or room you are in, at any time without permission.
4. Be respectful of the staff, volunteers, others, yourself and the property.
5. Bullying will not be tolerated.

We ask parents to over these rules, then sign and have the child sign them. We will try to consistently affirm the students when their behaviour has been positive and when they have done what the SNA staff have asked them to do. When undesirable behaviour occurs, the staff will be using a Behaviour Checklist. If you would like to see what a Behaviour Checklist looks like be sure to ask our SNA Staff and they will provide one to you.

We have read and talked about the above expectation.

Student Name (printed): _____

Student Signature: _____

Parent/Guardian Name (printed): _____

Parent/Guardian Signature: _____

Today's Date: _____