CHILD RM OF SIFTON RECREATION INFORMED CONSENT

PROGRAM:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AGE AT START OF PROGRAM:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MEDICAL CONDITIONS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT/GUARDIANS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CELL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_WORK:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY CONTACT PERSON:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY CONTACT PERSON PHONE #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHOTO/VIDEO RELEASE

 I give permission to have my child’s picture and/or video taken while at any RM of Sifton Recreation programming. I understand these pictures may be published on Facebook, on the RM of Sifton website or in advertising for the program.

no

yes

PICK UP POLICY

The following people are authorized to pick up \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(child’s name):

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 My child,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has permission from (parent/guardian)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to leave the program/course unaccompanied by adult supervision.

yes

Parent/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 CHILD RM OF SIFTON RECREATION INFORMED CONSENT CONTINUED

I AM AWARE AND ACKNOWLEDGE that the program involves inherent RISKS, which risks include, but are not limited to the possibility of personal injury such as abrasions nerve, bone, spinal cord and neck damage, pain, paralysis, brain injuries or even death, property damage and property loss.

I UNDERSTAND that the above activities require minimum level of fitness and physical, mental and emotional health (collectively “health”). I further understand that the probability of risks occurring depends in part on the child level of fitness and health as well as on the awareness, care and skill with which the child conducts themselves in the program.

I UNDERSTAND, AGREE AND ACKNOWLEDGE that:

1. By choosing to participate in the program brings with it the assumption of risks and I, the parent/guardian, ASSUME FULL RESPONSIBILITY to know the risks and the choices available in relation to those risks.
2. I, the parent/guardian, am free to withdraw from the program at any time. In any case, I (the parent/guardian) agree to withdraw my child from the program immediately if the child begins to experience and sign of transient light-headedness, fainting, chest discomfort, leg cramps, nausea and other similar ailments.
3. RM of Sifton Recreation is not responsible for administering medications. If required, basic medical treatment will be provided, such as but not limited to, ice pack applications, cuts/scrapes, burns, swelling, or bruising. The attending staff will have the authority to call an ambulance if deemed necessary but any fees regarding that will be the responsibility of the parent/ guardian. If the child takes medications, it is the responsibility of the parent/guardian to see that the child does.
4. The program may be conducted by personnel whose skills and competencies vary according to their training and experience and that the program may be provided by persons who are not employed by the RM of Sifton. IT IS THE RESPONSIBILITY of the parent/guardian to determine whether or not they are satisfied with the program personnel, and I (the parent/guardian) understand that the RM of Sifton Recreation Department assumes no responsibility for the skill and competence of such personnel.

CANCELLATION POLICY-All refunds, including medical/sickness, are subject to a $10 administration fee.

A FULL REFUND WILL BE APPLIED FOR ONE OF THE FOLLOWING REASONS:

1. RM of Sifton Recreation cancel the program.
2. The participant withdraws in writing to the recreation programmer seven days prior to the first day of the program/course.
3. Once the program/course has started refunds will NOT be granted unless a medical note can be provided.
4. A transfer due to a date change, will be permitted up to seven business days prior to the start of the enrolled day of the program/course with no administration fee.

I have read and understood the contents of the Informed Consent and the photo/video release in its entirety:

Parent/guardian signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-transfers to finance@rmofsifton.com

Cheques can be made payable to RM of Sifton

Payment will be required to confirm registration

OFFICE USE ONLY

TOTAL $\_\_\_\_\_ ETRANSFER\_\_\_\_\_ CASH/CHQ\_\_\_\_\_\_\_ INITIALS\_\_\_\_\_\_\_\_