

Participant Information

This form MUST be completed and returned to program staff prior to the participant attending the program. One form is required per participant. **The participant will not be permitted to attend the program unless completed.**

Staff must receive the parent/legal guardian's written authorization to release a participant under 18 years of age to an authorized caregiver (someone other than the parent or legal guardian who is 12 years of age or older). Staff will only release participants to authorized caregivers listed on this form.

Program Information

Program Name	Program Location	Start Date (yyyy-mm-dd)
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Participant Information

First Name	Last Name	Middle Name
Street Number, Street Name		Suite/Unit Number
City/Town	Province	Postal Code
Home Telephone Number		Date of Birth (yyyy-mm-dd)

Medical Information – THIS SECTION MUST BE COMPLETED

Does the participant have any allergies or medical information we should be aware of? If yes, please indicate.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the participant require medication to be administered while at the program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the participant require an auto-injector (e.g. epinephrine)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the participant have any special/developmental/intellectual needs and/or physical or emotional concerns that staff should be aware of? Please indicate.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered YES to any of these questions please see the Community Recreation Programmer as additional forms need to be completed.	

Participant Information

Family and Emergency Contact Information

Parent/Legal Guardian Name (First, Last)		Relationship to Participant	
Home Telephone Number	Day Time Telephone Number	Other Telephone Number (mobile)	
Parent/Legal Guardian Name (First, Last)		Relationship to Participant	
Home Telephone Number	Day Time Telephone Number	Other Telephone Number (mobile)	
Emergency Contact Name (First, Last)		Relationship to Participant	Telephone Number
Emergency Contact Name (First, Last)		Relationship to Participant	Telephone Number

Pick-Up and Sign In/Out

Including parents, list all authorized caregivers who are allowed to pick up the participant from the program or bus stop. If this information changes please notify staff in writing as soon as possible.

Name (First, Last)	Relationship to Participant	Telephone Number
Name (First, Last)	Relationship to Participant	Telephone Number
Name (First, Last)	Relationship to Participant	Telephone Number

For care type programs such as After-School Recreation Care, your child must be 10 years of age to sign in and out by themselves.

Yes No I give permission for the participant to **SIGN IN** at the scheduled program start time **without a parent/authorized caregiver present.**

Yes No I give permission for the participant to **SIGN OUT at the program location at the end of program, without a parent/authorized caregiver present.**

Consent

To be completed by parent or legal guardian if participant is under 18 years of age or incapable of giving consent. The information I have provided on this form is complete and accurate. I acknowledge and agree that I am responsible for updating the information on this Form and ensuring that it is provided to program staff. Parks, Forestry and Recreation reserves the right to request a parent/authorized caregiver to pick up the participant if the participant's safety may be compromised by leaving the program alone.

Participant/Parent/Legal Guardian Signature	Date (yyyy-mm-dd)
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For Staff Use Only

Reviewed By (First, Last Name)	Program Name	Location	Received Date (yyyy-mm-dd)
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Parks, Forestry and Recreation collects personal information on this form under the legal authority of City of Toronto Act, S.O. 2006, Chapter 11, Schedule A, s. 136 (c) and the Occupiers' Liability Act, R.S.O. 1990, Chapter O.2, s. 3. The information is used to administer the registration process, to provide a safe and healthy environment for the participants and to contact an emergency contact person in the event of an emergency. Questions about this collection can be directed to the Policy & Project Advisor, Director's Office, Community Recreation, Parks, Forestry & Recreation, Toronto City Hall, 100 Queen Street West, 4th Floor, West Tower, Toronto, Ontario, M5H 2N2, or by telephone at 416-395-7992.