

Participant Information

This form must be completed and returned to staff before the participant attends the program. Once 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)

Participant Information			
First Name		Last Name	
Street Number	Street Name		Suite/Unit Number
City/Town	Province	Postal Code	Date of Birth (yyyy-mm-dd)

Medical Information	
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? If yes, 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

Emergency contact information must be completed by the person who has agreed to act as your emergency contact. Ensure that the Notice of Collection statement placed at the bottom of the last page will be presented to this person. The City will only disclose information to this person in the event of an emergency.

Parent/Legal Guardian 1

First Name		Last Name	
Home Telephone Number	Work Telephone Number	Mobile Telephone Number	

Parent/Legal Guardian 2

First Name		Last Name	
Home Telephone Number	Work Telephone Number	Mobile Telephone Number	

Emergency Contact 1

First Name, Last Name	Relationship to Participant	Telephone Number
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Emergency Contact 2

First Name, Last Name	Relationship to Participant	Telephone Number
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Pick-Up and Sign In/Out

Including parents, list those caregivers who are authorized to pick up participant. Staff will only release participants to those listed on this form. Staff must receive the parent/guardian's written authorization to release a participant under 18 years of age to an authorized caregiver who is 12 years of age or older. Contact information must be completed by the person who has agreed to act as Authorized Caregiver contact. Ensure that the Notice of Collection statement placed at the bottom of the last page will be presented to this person.

Authorized Caregiver 1

First Name, Last Name	Relationship to Participant	Telephone Number
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Authorized Caregiver 2

First Name, Last Name	Relationship to Participant	Telephone Number
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Participant Information

Authorized Caregiver 3

First Name, Last Name	Relationship to Participant	Telephone Number
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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.

I give permission for the participant to sign in at the scheduled program start time without a parent/authorized caregiver present.	<input type="checkbox"/> Yes <input type="checkbox"/> 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No

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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Office Use Only

First Name	Last Name	
Program Name	Location	Received (yyyy-mm-dd)

Parks, Forestry and Recreation collects personal information on this form under the legal authority of Toronto City Council Item 2012.CD17.2, as confirmed by the City of Toronto By-law 1654-2012. 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.