



PROGRAM NAME: _____

Participant Name: _____

Date of Birth: _____ Age: _____

Address: _____

Postal code: _____ Phone: _____

First language: _____ Other languages: _____

Parent(s)/Guardian(s)/Emergency Contact(s)

Name: _____ Relationship to child: _____

Primary Phone: _____ Secondary Phone: _____

Name: _____ Relationship to child: _____

Primary Phone: _____ Secondary Phone: _____

Authorized pick up persons:

Name: _____ Relationship to child: _____

Primary Phone: _____ Secondary Phone: _____

Name: _____ Relationship to child: _____

Primary Phone: _____ Secondary Phone: _____

If your child requires an education assistant in school or a support worker in other programs, one is also required for our programs.

Will a **support worker** be accompanying your child? (circle) **YES** **NO**

If yes, please complete and submit the **Support Worker Form at least 1 week prior to the first day of the program.*

Health Information (Optional for Yukon Residents. Mandatory if you reside outside of the Yukon.)

Health Care #:

Province/Territory:

Date of Last Tetanus Shot (if known):

Does your child have any conditions we should know about to better meet your child's needs? If you'd feel more comfortable discussing these with us, please call (867) 334-7339. (circle any that apply)

Hearing	Speech	Allergies*	Learning	Intellectual	Physical
Seizures	ADHD/ADD	Asthma	Emotional/Psychological	Visual	Other**

If you have circled any of the above, please explain how this presents and what our staff can do to support your child:

***If your child has an allergy requiring an EPI-PEN, please complete and submit the ANAPHYLAXIS EMERGENCY PLAN FORM. Additional forms may also be required if you answered yes to any of the above.**

EMERGENCIES

It is our policy that we notify a parent when a child is ill or needs medical attention. Occasionally we cannot contact parents and we need to get immediate help for the child. Our procedure is to call Emergency Services (911). Please sign the consent at the bottom of this page so that we can take appropriate action on behalf of our child. We will take this consent with child to the emergency center.

I have read and understand the Emergency Policy and have provided all medical information to the best of my knowledge:

I hereby give consent for my child, when ill/injured to be taken to the nearest emergency center by ambulance to receive treatment when I cannot be contacted.

Date

Signature of Parent/Guardian

PHOTO/MODEL RELEASE

Our staff may visit programs, camps, and special events to catch participants in action. If you or your child objects to our staff taking or using your photograph, please let us know.

I grant to the *City of Whitehorse*, its representatives and employees, the right to take photographs of my child in connection with the above-identified subject. I authorize the City of Whitehorse, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that the *City of Whitehorse* may use such photographs of my child with or without my name and for any lawful purpose, including for such purposes as publicity, illustration, advertising and web content.

I have read and understand the above. I hereby give consent for photos to be taken of my child.

Date

Signature of Parent/Guardian

Submission of this form is confirmation that Parent/Guardian has read and will abide by guidelines provided in the Day Camp Handbook. **This form MUST be submitted at Sign In on the first day the child attends the program.**