

# PARENTAL CONSENT & REGISTRATION



Name of Child: \_\_\_\_\_

Date of Birth (dd/mm/yy): \_\_\_\_\_

## Parent/Legal Guardian 1:

Name: \_\_\_\_\_

Day-time Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Email: \_\_\_\_\_

## Parent/Legal Guardian 2:

Name: \_\_\_\_\_

Day-time Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Email: \_\_\_\_\_

## Other people authorized to pick up child:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## MEDICAL CONDITIONS:

Care Card #: \_\_\_\_\_

Medical Conditions: (Allergies, Asthma): \_\_\_\_\_

\_\_\_\_\_  
\*If your child has an anaphylactic allergy, please complete the Anaphylaxis Data Sheet

Medications (Epi-Pen, Inhaler): \_\_\_\_\_  
\_\_\_\_\_

## CONSENT (please initial)

\_\_\_\_\_ In the event that my child requires medical attention, I consent to my child being transported to the nearest emergency centre, including by ambulance if necessary, and accept that I am responsible for any costs of such ambulance service.

\_\_\_\_\_ I confirm to the best of my knowledge that my child does not suffer from any medical condition other than those listed above.

\_\_\_\_\_ Photos and videos that includes my child may be used for publicity purposes (**DO NOT** initial if you do not want your child in photos/videos)

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Parent's Name (please print)

\_\_\_\_\_  
Date



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