



STANDARD PARTICIPANT INFORMATION & AUTHORIZATION FORM

SPIAF#:

TO BE FILLED OUT BY ALL PARTICIPANTS

CONTACT INFORMATION

Last Name: _____ First Name: _____

Address: _____

Postal Code: _____ Date of Birth: ___ D / ___ M / ___ Y Gender: _____

Phone: (H) _____ (M) _____

Email: _____

Security Question: _____ Security Answer: _____

Emergency Contact (*If Under 18, not the Parent/Guardians listed Below*)

Name: _____ Relationship: _____ Phone: _____

MEDICAL

Medical concerns, Medications & Disability (eg. Allergies, asthma, special needs—behaviour/physical)

- A) Epi Pen: No Yes (please attach Epi Pen form)
- B) Medical Conditions/ No Yes _____
- C) Dietary Restrictions No Yes _____
- D) Medication: No Yes _____
- E) Disability: Does the participant require support or accommodation due to a disability? No Yes

FOR PARENTS OF PARTICIPANTS UNDER 18

PARENT AND PICK UP INFO

1. Parent/Guardian Name: _____ Cell: _____

2. Parent/Guardian Name: _____ Cell: _____

Do the parents/guardians require support or accommodation due to a disability? No Yes

Contact Email 1. _____ 2. _____

My child over the age of 7 has permission to sign themselves out of program: No Yes

Pick up Authorization (Not Parent/Guardian above)

Emergency Contact Above has permission to pick up my child No Yes

1. Name: _____ Relationship: _____ Phone: _____

2. Name: _____ Relationship: _____ Phone: _____

Office use only Entered:

Attachments: Inclusion Epi-Pen



PROGRAM READY

In order to support the success, safety and inclusion of all individuals registered and participating in Alison Neighbourhood programs, it is important that participants attending these programs are indeed "Program Ready". To assist in determining if a participant is "Program Ready", the following criteria have been developed:

- Participant is able to take direction and instruction from a staff person
- Participant is comfortable and able to interact in a group environment
- Participant is able to participate in the program. Participation, interaction, and inclusion into programs are based on a child's individual needs. However, it is asked that the participant can demonstrate the basic skill and participate in a minimum of 50% of the program.
- School-aged participants are able to attend school successfully without specialized classroom support
- Participant interacts and participates in the program in a manner that is safe for themselves and others.

Participants that are attending a program and who are not demonstrating that they are "Program Ready" may be withdrawn from the program at the sole discretion of full-time supervisory staff.

It is the intention of staff to provide a fun & safe program environment for your child. Program staff has been trained in a variety of behaviour management techniques to encourage positive behaviour and self-discipline. *In instances where a child is causing harm to themselves or to someone else or engaging in unsafe behaviour, staff may be required to intervene or remove your child from the program.*

1. Authorization and Release: I, in my personal capacity and on behalf of the participant, do hereby RELEASE FROM ALL LIABILITY Alison Neighbourhood Community Centre, its Directors, Volunteers, Employees, agent and representatives (hereinafter Releasee) for any injuries, illnesses, or other mishap that may be incurred by the participant while attending a registered or drop-in program or event, except where damage or injury is caused by the gross negligence of the Releasee. In the event the participant should become injured or ill, I authorize any medical treatment that may be required and will assume full financial responsibility for the said treatment. At no time is the Releasee liable for the action / inaction of any support worker supplied by the participant.
2. Permission Form: I hereby give my child permission to travel off-site to activities and events with the staff and volunteers on the above terms. Prior notice/schedules of activities will be provided. I authorize that I/my child may be digitally imaged for public relations materials/purposes.
3. Personal Information collected on this form is obtained in compliance with the Personal Health Information Protection Act (PHIPA) and will only be used for the purpose of Alison Neighbourhood Community Centre. Questions about the collection of personal information should be directed to Alison Neighbourhood's Health Information Custodian by calling 519-620-1867.
4. I understand that this form shall be completed every 3 years and signed annually to indicate any changes and keep current.
5. Check if you do NOT wish to receive information from Alison regarding volunteer opportunities special events

BY SIGNING THIS RELEASE, YOU ARE RELEASING YOUR LEGAL RIGHTS AGAINST ALISON NEIGHBOURHOOD COMMUNITY CENTRE

Signature (parent/guardian if under 18 years)

_____/_____/_____
Date (Day / Month / Year)

Reviewed and updated: (annually)

Signature (parent/guardian if under 18 years)

_____/_____/_____
Date (Day / Month / Year)

Signature (parent/guardian if under 18 years)

_____/_____/_____
Date (Day / Month / Year)