

Participant Information Form



TO BE COMPLETED AND RETURNED THE FIRST DAY OF PROGRAM

Program Participant Information

PARTICIPANT INFORMATION

First Name:	Last Name:
Home Phone:	Date of Birth (mm/dd/yy):
Address:	Unit #:
Main Contact Name:	Relationship:
Daytime Phone #:	Cell Phone #:

Resides with: Both parents Mother Father Guardian

EMERGENCY CONTACTS (every attempt will be made to contact the main contact at the numbers above. Should those attempts be unsuccessful, please list three alternative contacts).

Full Name:	Daytime/Cell #:	Relationship to child:
Full Name:	Daytime/Cell #:	Relationship to child:
Full Name:	Daytime/Cell #:	Relationship to child:

Is the participant permitted to walk home at the end of the program each day? <input type="checkbox"/> YES <input type="checkbox"/> No Signature of Parent/Guardian: _____

If participant has an allergy please ensure that a Medication Consent Form is filled out.

Does Participant Have:

Medical Alert	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cardiac Condition	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Epi-Pen	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Medication	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If participant is taking medication during program please ensure that a Medication Form is filled out.

Is a wheelchair/ scooter used?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is extra support/assistance needed for basic care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Participant is attending with a support worker	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Consent

I hereby agree as the legal guardian of the minor registrant to indemnify saves harmless and release the City of Burlington from any actions or damages arising from program participation, also I authorize the City of Burlington to arrange for medical care if a participant is injured and agree to pay for any resulting expenses.

Signature of Parent/Guardian: _____

For Administrative Purposes Only: Medication Consent Form filled out: Yes No

For Administrative Purposes Only: Program Name: Form Received by:

CODE OF CONDUCT

Please review with your participant the expectations outlined below.

Participants should:

- Show respect and consideration for staff and peers.
- Be cooperative and willing to participate in program activities.
- Respect rules outlined by staff for the program, facility and equipment.

Consequences for misbehaviour may include:

- Address issue and inform parents to discuss strategies for behaviour improvements
- Parent meeting
- Participant receives one day suspension
- Participant is withdrawn with requirements for return to next program

You acknowledge and agree that should the Participant exhibit violent behaviour towards another participant, staff and/or volunteer that the City may undertake a further assessment to determine the Participant's ongoing suitability for the program. Should the City in its sole discretion determine that the Participant's participation in the program constitutes a substantial health and safety risk to other participants, staff and/or volunteer, the City reserves the right to remove the Participant from the program and/or to deny admittance to the participant to the program in the future.

I hereby agree to abide by all of the terms outlined in the Code of Conduct.

Signature of Parent/Guardian _____ Date: _____

Signature of Participant _____ Date: _____

BEHAVIOURS

Are there any challenging behaviours we need to be aware of in advance? Yes No

Behaviours we may see (list) – ie. Wanderer, flight risk, etc. or Known Triggers and Specific strategies

PHOTO RELEASE

In consideration of recognition, I, the undersigned authorize the city and/or _____ to:

	Yes	No		Yes	No		Yes	No
Record the name	<input type="checkbox"/>	<input type="checkbox"/>	Interview	<input type="checkbox"/>	<input type="checkbox"/>	Make film or video recording	<input type="checkbox"/>	<input type="checkbox"/>
Photograph	<input type="checkbox"/>	<input type="checkbox"/>	Make Audio Recordings	<input type="checkbox"/>	<input type="checkbox"/>	Other, specify _____		

of the subject individual and to release, distribute, post, publicize or broadcast these records, with the following restrictions:

Signature of Parent/Guardian: _____ Date: _____