



# COMMUNITY PROGRAMS PARTICIPANT INFORMATION

CD 498 (R2021-05)

**ALL FIELDS ARE MANDATORY UNLESS OTHERWISE SPECIFIED**

Participant Surname, First Name (please print)		Date of Birth (YYYY-MM-DD)	Age
Gender Identity (optional) <input type="checkbox"/> Girl/Woman <input type="checkbox"/> Boy/Man <input type="checkbox"/> Trans/Non-Binary/Two Spirit <input type="checkbox"/> Prefer to self-describe: _____			School Grade
Community You Live In	Address		
Parent/Guardian Surname, First Name (please print)	Relationship to Participant	Phone (____) _____ Home Numbers (____) _____ Work (____) _____ Cell	
Emergency Contact Surname, First Name (please print)	Relationship to Participant	Phone (____) _____ Home Numbers (____) _____ Work (____) _____ Cell	
Emergency Contact Surname, First Name (please print) (Other than Parent or Guardian)	Relationship to Participant	Phone (____) _____ Home Numbers (____) _____ Work (____) _____ Cell	
<p>Please state any <b>allergies</b>, medical conditions, medications*, food restrictions or face mask exemptions that we should be aware of. (If your child/youth requires medication, please complete a "Medication Form" on the first day of program.</p>   <p>*Medications <b>MUST</b> be brought daily, in their original container, with a label indicating the type of medication, dosage, participant's and physician's name.</p>			
<p>Please let us know if your child/youth has a disability or any specific needs (physical, emotional, behavioural or developmental) that staff should be aware of.</p>   			
<p><b>Child Pick-up Information:</b>          To ensure your child's safety, children need to be signed in and out of our care on a daily basis. Please indicate below which method of pick-up is the best for your family. <b>Unless otherwise indicated below, your child will only be released to those listed at the top of this form. (ID may be required).</b></p> <p><input type="checkbox"/> Other family members or friends, as indicated below, may pick-up my child (ID may be required).          Name(s): _____</p> <p><input type="checkbox"/> My child is allowed to sign themselves out at the end of the program. We recommend a meeting place is predetermined that both you and your child are familiar with. Once signed out from the camp, we "<b>release care</b>" of that child and are no longer responsible for their welfare.</p>			
Program Name:	Program Community:	Program Session/Dates:	
Parent/Guardian's Signature:  (I have read the information contained on this page and have answered all of the questions to the best of my knowledge)		Date	
		YYYY	MM    DD

The personal information collected herein is authorized under Section 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act of Alberta and will be used for the purpose of program registration, participant safety and program reporting. Should you have any questions or concerns regarding the collection and use of your personal information please contact Calgary Neighbourhoods FOIP PA, Calgary Neighbourhoods, Mail Code #94 The City of Calgary, 800 Macleod Tr. S.E. P.O. Box 2100, Station M. Calgary, AB T2P 2M5, 403-771-2337.