



Informed Consent and Emergency/Medical Form

Crescent Point Regional Field House Programs & Events

125 Fieldhouse Drive East

Okotoks, Alberta T1S 0C4

Phone: 587.757.0338

E-mail: dpoxon@cpointregionalfieldhouse.com

Please Note: Please complete this form for each child attending day camp once per calendar year.

Child Information

Please note a separate form is required for each child

First Name *

Last Name *

Date of Birth *

Contact and Medical Information

The personal information is collected to be used in the event of a medical emergency in the Crescent Point Day Camp program

Primary Parent/Guardian

First Name *

Last Name *

Phone *

Email *

Confirm Primary Email

Alternate Parent/Guardian

First Name *

Last Name *

Phone *

Email *

Confirm Primary Email

Local Emergency Contact

First Name * Last Name * Phone * Email

Confirm Primary Email Relationship to Child

Does your child have any allergies*?

Yes No

Does your child take any medication?*

Yes No

Does your child require an aide at school?*

Yes No

Does your child have any other pertinent medical information, restricted activities, or behavioral issues?

Informed Consent

I authorize my child to participate in the Crescent Point Fieldhouse Daycamp program, which I understand may involve, but is not limited to the following activities: indoor/outdoor games and activities, sporting programs playing on playground equipment, and water activities I am aware and acknowledge that certain risks of injury are inherent to participation in sports and recreational activities. These types of injuries may be minor or serious and may result from one's actions, or the actions or inactions of others, or a combination of both.

The Crescent Point Fieldhouse may secure such medical advice and services as it, in its sole discretion, may deem necessary for the participant's health and safety and I shall be financially responsible for such advice and services.

I declare that I have read, understood and agree to the contents of the day camp Informed Consent Form in its entirety.*

Parent/Guardian Signature

Date

Photo Consent

I hereby consent to the use of and grant to the Crescent Point Fieldhouse the right to use, for the purposes of promoting the Fieldhouses' recreational programs or services, any photographs taken of the minor specified above while they attend the day camp program may be used for future publications and promotions. I grant such consent as parent and/or guardian to the above minor pursuant to Section 17(2)(a) of the Freedom of Information and Protection of Privacy Act..

Please choose from the following. *

Yes, I do consent to the above photo terms for my child

No, I do not consent to the above photo terms for my child

Sign Out Consent

At the end of each day children must be signed out before being permitted to leave the day camp. You may choose to have your child signed out by the parent/guardian or by other pre-designated adults. The option to have older children sign themselves out this summer is not available.

Other than the Primary/ Alternate Parents/Guardians noted above and the Local Emergency Contact if you wish to designate other adults permitted to sign the above child out from the Crescent Point Field House day camps please list them below:

SUBMIT FORM