



Neighbourhood Parks Program

Adventure Kids Participant Registration Form

Check all program locations that your child(ren) has permission to attend this summer.

Please note that your child may only attend locations that are *within walking distance* of a house that they have unlimited access to or when accompanied by their parent/guardian.

- | | | |
|--|---|--|
| <input type="checkbox"/> Bexley Gate Park | <input type="checkbox"/> Dunham Park | <input type="checkbox"/> O'Connor Park |
| <input type="checkbox"/> Chadwick Park | <input type="checkbox"/> Fraser Street Park | <input type="checkbox"/> Old Colony Park |
| <input type="checkbox"/> Compton Park | <input type="checkbox"/> Jim Beattie Park | <input type="checkbox"/> Polson Park |
| <input type="checkbox"/> Cooperative Homes | <input type="checkbox"/> Molly McGlynn Park | <input type="checkbox"/> Victoria Park |

Child #1: _____ Birth Date: _____

Address: _____ Postal Code: _____

Medications, allergies, health problems, or behavioural issues our staff should be aware of: _____

Does this child have a life-threatening allergy? ☐ No ☐ Yes: _____

Please note: If yes, an anaphylaxis emergency plan must be completed prior to the child participating.

Child #2: _____ Birth Date: _____

Address: _____ Postal Code: _____

Medications, allergies, health problems, or behavioural issues our staff should be aware of: _____

Does this child have a life-threatening allergy? ☐ No ☐ Yes: _____

Please note: If yes, an anaphylaxis emergency plan must be completed prior to the child participating.

Child #3: _____ Birth Date: _____

Address: _____ Postal Code: _____

Medications, allergies, health problems, or behavioural issues our staff should be aware of: _____

Does this child have a life-threatening allergy? ☐ No ☐ Yes: _____

Please note: If yes, an anaphylaxis emergency plan must be completed prior to the child participating.

Parent/Guardian: _____

Address: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

In case of emergency and you cannot be reached, the following person(s) may be contacted (please note that this number MUST be different from the previously listed guardian):

Name & Number: _____

PLEASE COMPLETE BOTH SIDES



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I acknowledge that participation in the Adventure Kids Program involves light to vigorous activity and there are risks involved in participating in this program. I understand this is a drop-in program where children can arrive and depart at their own discretion and no supervision outside of program hours is provided. I acknowledge that my choice to register my child in Adventure Kids brings with it the assumption by me of those risks. I am aware of no physical or other reason why my child should not participate in this program. **I will participate in the program with my child if they are between the ages of 0 and 5 and will follow the program rules and regulations.** I do hereby release the City of Kingston and its employees and agents from any claim whatsoever arising from my child's participation in this program or any facility or location where the program is held.

Parent/Guardian Signature

Date

Personal information, as defined by the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA), including (but not limited to), names, contact information, medical/physical concerns, is collected under the authority of the Municipal Act, 2001, and in accordance with MFIPPA, and all other relevant legislation. Personal information will be used for the purpose of program registrations, mailing, and improving service to our participants. Questions regarding the collection, use, and disclosure of this information may be directed to the Corporate Records and Information Officer, City Clerk's Department, 216 Ontario Street, Kingston, Ontario, K7L 2Z3.

All items below are optional.

_____ **Food** | By initialling, you consent to the participation of your child. Staff may occasionally provide participants with food such as popsicles, lemonade or baked goods. All food and drink must be nut-free.

_____ **Photo Release** | By initialling, you consent to the City of Kingston to photograph/videotape your child, on the dates and in the locations outlined below. You understand that said photos or video footage may be used in a collage/photobook given to participants, publications related to or describing City activities, on the City of Kingston website, in videos produced by or for the City, and you consent to the use of your image or that of your child named on the front of this form for those purposes and release the City from any claims that may arise as a result.

Photographer: City of Kingston staff, Dates: July 6 – August 28, 2020

Locations: As indicated on the front of this form

Comments: _____

_____ **Program Evaluation** | By initialling, you consent to be contacted for program evaluation and future program planning purposes.

Email address: _____

PLEASE COMPLETE BOTH SIDES