

PLAYGROUNDS PROGRAM
PARTICIPANT INFORMATION FORM



PARTICIPANT'S NAME		AGE	DATE OF BIRTH D M Y			PREFERRED PRONOUNS
ADDRESS		POSTAL CODE	HOME TELEPHONE NUMBER			
SITE		HEALTH CARD NUMBER				
NAME OF PARENT/GUARDIAN #1	RELATIONSHIP TO CHILD	CELL NUMBER		WORK NUMBER		
NAME OF PARENT/GUARDIAN #2	RELATIONSHIP TO CHILD	CELL NUMBER		WORK NUMBER		
NAME OF ALTERNATE CONTACT IN CASE OF EMERGENCY #1	RELATIONSHIP TO CHILD	TELEPHONE NUMBER		WORK NUMBER		
NAME OF ALTERNATE CONTACT IN CASE OF EMERGENCY #2	RELATIONSHIP TO CHILD	TELEPHONE NUMBER		WORK NUMBER		

Parent / Guardian(s) and / or Alternate Contacts **MUST be available to promptly pick up participants during program hours if required. Participants will only be permitted to leave with the individuals listed above.**

ARE THERE ANY SPECIAL CIRCUMSTANCES THE LEADERS SHOULD BE AWARE OF?

Language Spoken At Home _____

Walk Home YES NO **Please explain** _____

Do you need us to text you when they leave YES NO **If so , What Phone Number:** _____

Do they walk home with someone YES NO **If so, who: (friend/sibling):** _____

Medication YES NO **Please explain** _____

Allergies YES NO **Please explain** _____

PSW will be attending YES NO **Name:** _____

Behavioural Needs YES NO **Please explain** _____

PHOTO CONSENT

I give permission for the child listed above to have their photo taken and used for displays and/or advertising in print or electronic form for the purposes of the City of Thunder Bay

I give permission for the child listed above to have their photo taken at Playgrounds events and used for displays and/or advertising in print or electronic form for the purposes of community partners, including but not limited to United for Literacy, Thunder Bay Public Library.



PARENT/GUARDIAN SIGNATURE

DATE (dd / mm / yy)

Personal information on this form is collected under the authority of the Municipal Act, R.S.O. 1980 c. 302 (as amended) and will be used within the Program for emergency contact and program follow-up. Questions regarding this collection should be directed to the Program Supervisor Recreation & Culture Division, 111 Syndicate Ave S, Thunder Bay ON P7E 6S4 (807) 626-6565.