



**PLEASE ATTACH A
RECENT PHOTO OF
YOUR CHILD**

2018 PARTICIPANT INFORMATION FORM

Child's Name: _____ Home Phone No: _____
Age: _____ Birth date: DD / MM / YY Gender: M F Hair Color: _____ Eye Color: _____ Height: _____ Weight: _____
Parent/Guardian #1: _____ Day Phone Number: _____
Parent/Guardian #2: _____ Day Phone Number: _____

Emergency Contacts

In case of an accident or illness, the parent will be notified or if not available, the below individuals may also be contacted
Name _____ Phone Number: _____ Relation to Child: _____
Name _____ Phone Number: _____ Relation to Child: _____

Alternate Pick up/Drop off Authorization

Is there someone other than the legal parent or guardian who is authorized to pick up/drop off your child?

Same as Above Emergency Contacts Yes No

Name _____ Name _____
Name _____ Name _____

Is there anyone legally NOT authorized to pickup your child? No Yes If yes please provide court documents.

Medical Statement

In case of emergency or illness, every effort will be made to contact the parents or guardians. In the event that contact cannot be made, I agree that in case of emergency or illness, a qualified medical physician may attend to my child.

I do not agree I agree Alberta Healthcare Number: _____

Does your child have any allergies? No Yes (please list) _____

Does your child have any illness, learning disabilities or medical conditions? No Yes
(please list) _____

Is your child a member of the organization Between Friends? No Yes

Is your child on any medication? No Yes (please list) _____

I grant permission for Vivo staff to give my child the following medication _____
(medication name)
at following times _____ Please Initial _____

Talent Release Agreement

I agree to grant permission to take and publish still photographs and moving videos or publish those previously taken of my child. These pictures will be used by Vivo for Healthier Generations, Nose Creek Sports and Recreation Association and its agents for the purpose of displays and promotion.

I agree I do not agree

Self Sign In/Out Authorization

Is your child authorized to sign themselves in and out of summer camps?

No Yes (Only available for children 9 years or older. We recommend setting a meeting place with your child)

Informed Consent

I am aware that Vivo Day Camps may be involved in some of the following activities: swimming, running, sports, using Vivo facilities, using bike tools off area trips such as: walking to local parks, going to other facilities in Calgary and surrounding areas, taking transportation on Calgary Transit or school bus or riding a bicycle on public roads and/or bike paths (within applicable camps).

Everybody Plays

Everybody Plays is our way of making sure that families in our community have access to the social connection, recreation, and play opportunities available, here at Vivo, regardless of their financial means.

(\$20) (\$50) (\$100) (\$200) (\$300)

Your generosity allows families to experience:

- Preschool
- Camps
- Recreational Programs
- Vivo Pass

Most importantly it helps them to join Gen H and live happier, healthier, more active lives!



All donations made through Birdies for Kids presented by AltaLink will be matched up to 50% making your donation have an even bigger impact!

I certify that the all of the above information is current and accurate

Parent or Guardian Signature

Date



**PARTICIPANT RISK ACKNOWLEDGEMENT,
RELEASE, WAIVER OF CLAIM AND ASSUMPTION OF RISK
FOR PROGRAMS WITH AN ELEMENT OF HIGH RISK.**

Read this document thoroughly before you sign.
Please bring this document to the first session and give it to the Program Instructor.
It must be signed and dated in order for you to participate.

In consideration of participation in **The Climbing Wall** (The Program) offered at Vivo...for Healthier Generations, I agree and acknowledge that:

1. I have (my child has) met all of the prerequisites required for participation in The Program.
2. I (my child) will abide by the rules and regulations imposed on participants in The Program
3. I freely and voluntarily acknowledge and assume any and all risks and hazards inherent in The Program (including personal injury or property loss), and accordingly my participation in The Program is entirely at my own risk.
4. I waive any claim I (my child) may have against Vivo arising from my (my child's) participation in The Program, and I will indemnify and save harmless Vivo, its employees and agents for any claim, including any claim for medical services arising from my (my child's) participation in The Program, except for the negligence on the part of Vivo, its employees and agents.
5. I agree that by signing this Risk Acknowledgement, Release, Waiver of Claim and Assumption of Risk as a parent or guardian of a participant who is under the age of 18 years, I acknowledge that there are risks and hazards inherent in The Program to which I am willing to expose my child and I will pay for any costs incurred by Vivo, its employees or agents should a suit be launched on my child's behalf, except in the case of negligence on the part of Vivo, its employees or agents.
6. Vivo may secure such medical advice and services as it, in its sole discretion, may deem necessary for my (my child's) health and safety and I shall be financially responsible for such advice and services. I understand that Vivo does not provide accidental death, disability, dismemberment or medical expense insurance on behalf of the participants in The Program and therefore agree to assume responsibility for such insurance coverage
7. I have **CAREFULLY READ** the Participant Risk Acknowledgement, Release, Waiver of Claim and Assumption of Risk and fully understand it and am freely signing it.

Dated at Calgary, Alberta _____ day of _____, (Month) 20__ (Year)
Participant covered by this waiver:

*Print **participant's** surname, first name*

*Signature of participant **or** parent/guardian*

This personal information is being collected under the authority of
The Freedom of Information and Protection Act, Section 33C
and is used solely for the purpose of
Vivo for Healthier Generations Safety Awareness.

CONTINUED ON THE BACK

Bouldering & Climbing Wall Rules

- All climbers please check-in with climbing wall staff before entering wall area at all times
- Anyone not following safe and proper climbing behavior will be asked to leave the climbing area
- Children under 14 years must be supervised by a climber 14Y and older
- Climbers 17 years and younger require parent/guardian authorization on the waiver
- To respect other climbers, please keep voices at a reasonable volume
- Do not walk underneath climbers or bump into users who are belaying
- Climbing shoes or non-marking running shoes are mandatory
- Bouldering on main wall is only permitted to height of boulder wall
- Do not climb above or below any other climbers
- Climb on designated rope route and do not climb sideways across the wall
- Do not use bolts and bolt hangers as holds
- First time climbers must complete wall orientation, waiver, and belay test before being able to top rope
- If a person does not complete the belay test, they will be asked to register in one of the Learn to Climb introductory courses
- Children under 14 must be accompanied and spotted by a parent while bouldering (one to one ratio)
- Please keep food and drink off mat area
- Always safety check your partner before climbing
- All climbers must complete an Auto Belay orientation before using it

PARTICIPANT INFORMATION:

<input type="text"/>	<input type="text"/>
Print participant's full name	Birth date (Month, DD, YYYY)
<input type="text"/>	<input type="text"/>
Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home	Date Signed (Month, DD, YYYY)
Check One	

COMPLETE IF PARTICIPANT IS UNDER 18Y:

Relationship to child (Check One)

- Parent (Father or Mother)
- Legal Guardian. Please specify guardianship: _____

<input type="text"/>	<input type="text"/>
Name of parent/guardian authority	Signature of parent/guardian authority

STAFF ONLY			
Source	Qualifications	Other	Additional Notes:
<input type="checkbox"/> Drop-in <input type="checkbox"/> Program <input type="checkbox"/> Drop-off	<input type="checkbox"/> Top-Rope Belay <input type="checkbox"/> Lead Belay <input type="checkbox"/> Junior Alpine Climbing	<input type="checkbox"/> Photo Release	