



Participant Information Form

Parent/Guardian Information

Parent (First/Last name)	Primary Phone	Secondary Phone
Parent (First/Last name)	Primary Phone	Secondary Phone
Email Address		

Child(ren) Information

Child (First/Last Name)	Does your child have any allergies, please list:
Does your child have any special needs, a disability or medical conditions that we should be aware of? If yes, please list:	
Child (First/Last Name)	Does your child have any allergies, please list:
Does your child have any special needs, a disability or medical conditions that we should be aware of? If yes, please list:	
Child (First/Last Name)	Does your child have any allergies, please list:
Does your child have any special needs, a disability or medical conditions that we should be aware of? If yes, please list:	

If your child requires medication at camp, complete a Medication Record Form

Emergency Contact in the event a parent cannot be contacted:

Name	Relationship to Child(ren)
Primary Phone	Secondary Phone

Talent Release

Please follow the link to give consent. 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.

<https://www.vivo.ca/consent/>

Climbing Waiver

Participant risk acknowledgment, release, waiver of claim and assumption of risk for programs with an element of high risk.

<https://waiver.smartwaiver.com/w/5af31cf8b53e7/web/>
