

PLAYclub Registration Form 2021



PERSONAL INFORMATION

Child's Name:		Birthdate:		
Address:		MM / DD / YYYY		
City:	Postal:			
Email for program correspondence:				

Parent/Guardian:	Parent/Guardian:
Primary Phone #:	Primary Phone #:
Secondary Phone #:	Secondary Phone #:

Emergency Contact:	Emergency Contact Phone #:
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HEALTH & SPECIAL CONSIDERATIONS

What special considerations should we be aware of to better meet your child's needs?

Please list any allergies(incl. food) or medical conditions that we should be aware of:

EMERGENCIES

1. It is our policy that we notify a parent when a child is ill or needs medical attention. Occasionally, we cannot contact parents and need to get immediate help for the child. In such cases, our procedure is to call Emergency Services (911).
2. Please sign the consent below so that we can take appropriate action on behalf of your child. Return the signed consent to PLAYcare Coordinator; this consent would go along with your child to the emergency center.

I HEREBY GIVE MY CONSENT FOR A STAFF MEMBER TO CALL A MEDICAL PRACTITIONER OR AMBULANCE FOR MY CHILD IN THE CASE OF AN ACCIDENT OR ILLNESS IF I CANNOT IMMEDIATELY BE REACHED.

**SIGNATURE OF
PARENT/GUARDIAN:**

Date: _____

PHOTOS

Sign below if you **CONSENT TO** photos of your child (taken in our programs) being used in Pacific Sport promotional material.

**SIGNATURE OF
PARENT/GUARDIAN:**

Date: _____

COVID-19 Precautions Acknowledgement

Sign below if you **Acknowledge and Agree to** the COVID-19 precautions as listed in "PLAYcare Covid-19 Safety Plan 2020"

**SIGNATURE OF
PARENT/GUARDIAN:**

Date: _____

I (parent/guardian's name) _____ consent to my child participating in the Pacific Sport PLAYcare program and understand the risk associated with participation including slips, falls, or injuries and agree to indemnify and save harmless Pacific Sport Vancouver Island, Chesterfield Sports Society, and the program instructors, arising out of the act of participating in any program related activities provided by PLAYcare.

I, the undersigned, have read and fully understand the above liability and Informed Consent Waiver.

**SIGNATURE OF
PARENT/GUARDIAN:**

Date: _____

Please print or save this form to your device and email attachment to kliddle@pacificsport.com

