

## Shilo MFRC Youth Programs Information Form

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Home phone number: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Email: \_\_\_\_\_

Name of parent/guardian: \_\_\_\_\_ Cell: \_\_\_\_\_

Name of parent/guardian: \_\_\_\_\_ Cell: \_\_\_\_\_

### **EMERGENCY CONTACT** (someone other than those listed above, in case they can't be reached)

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_ Alternate phone number: \_\_\_\_\_

### **ALLERGY/MEDICAL INFORMATION**

Are there any allergies, medical or behavioural conditions the MFRC Staff should be aware of?

- Yes \_\_\_\_\_  
 No \_\_\_\_\_

Please give details including the symptoms, severity of condition, if your child carries an EpiPen or inhaler, and any other details that would be of assistance:

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### **PHOTO RELEASE**

Photographs and video may occasionally be taken at Youth Programs. Photographs and videos may potentially be used in any MFRC publication including print, website, or other electronic form of social media.

- I give my permission as described  
 I do not give my permission as described

**RELEASE INFORMATION for Children in Grades Kindergarten to 6\***

Please indicate how your child will be getting home at the end of the program.

My child will be:

- Walking or biking themselves home
- Picked up, do **NOT** let walk home.

If you selected “Picked up, do NOT let walk home”, you will need to pick your child up from inside the MFRC. If you would like them to meet you outside, you will need to select walking or biking.

Should you need to change release information, please speak to one of our Youth Programs Workers.

\*Youth in Grades 7-12 will be allowed to come and go from the Centre at their own discretion. Children in Grades K-6 will be required to stay for the duration of the program unless we are otherwise advised by their parent.

**ACKNOWLEDGMENT AND CONSENT:**

1. I acknowledge that it is my responsibility to advise the Youth Programs staff member of any medical or behavioural concerns of my child that may affect his/her participation in Youth Centre activities.
2. I understand that the Shilo MFRC is responsible for my child only during the program scheduled time.
3. I acknowledge that the staff of the Shilo MFRC will secure medical advice and services as deemed necessary for the health and safety of anyone participating in Shilo MFRC Programs. The Shilo MFRC does not assume financial responsibility for any cost associated with seeking medical advice.
4. Late pick up will result in a fee of \$5.00/child per five minutes.

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Signature of parent/guardian

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Date