

PARTICIPANT INFORMATION SHEET – 18 PLUS

PLEASE FILL OUT ALL SECTIONS

PLEASE PRINT

| | |
|--|---------------------|
| Legal Name: _____ | Address: _____ |
| Name commonly known as: _____ | Phone: (Home) _____ |
| <input type="checkbox"/> Male <input type="checkbox"/> Female Date of birth: _____ | (Cell) _____ |
| Languages known/spoken: _____ | Email: _____ |

Would you like Community Services to update you on future youth programs and opportunities? Yes No

Designated Emergency Contacts -

Designate 2 people we can contact and release information to in case of illness or emergency.

| | |
|---------------------------------------|---------------------------------------|
| Name: _____ | Name: _____ |
| Home Phone: _____ Cell Phone: _____ | Home Phone: _____ Cell Phone: _____ |
| Work Phone: _____ Relationship: _____ | Work Phone: _____ Relationship: _____ |

Medical / Personal Information

Describe any medical conditions or allergies of which we should be aware: _____

Describe any cultural, religious or personal requirements or restrictions of which we should be aware: _____

Emergency Medical Transportation and Treatment

If, at any time, medical treatment is necessary due to serious injury or sudden illness, by signing below I authorize the City of Brandon, its staff or agents to take whatever emergency measure deemed necessary for my protection. I understand that any expense incurred for medical treatment, including ambulance fees, are my responsibility.

Initial of participant _____

Consent to Photograph or Videotape

On occasion throughout the duration of this program, photographs or videos may be taken for the purpose of media or advertising of the program. By signing below, it is acknowledged that pictures of me may be used for this purpose.

I **DO NOT** CONSENT TO BE PHOTOGRAPHED OR VIDEOTAPED (CHECK BOX)

Initial of participant _____

Release / Waiver

By signing below, I acknowledge that I fully understand the purpose of this program, the type of activities that I will be participating in, and that I have received and reviewed the basic program schedule and layout. I understand that there are inherent risks with organized games and activities and I accept these risks. I agree to release, discharge and hold harmless the City of Brandon, its staff and agents and the program named above from and against all claims and proceedings with respect to any damage or injury to myself and/or my property arising from the provision of these services and activities.

Participant Signature: x _____

Print Name: _____

Date: _____

THE FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (FIPPA) & PERSONAL HEALTH INFORMATION ACT (PHIA)

The City of Brandon collects personal information and personal health information in the course of admission, registration, and related activities for the provision of its programs. This information is collected under the authority of The Freedom of Information and Protection of Privacy Act (FIPPA), The Personal Health Information Act (PHIA) and City of Brandon Policies and Procedures.