



CHILD INFORMATION RECORD FORM



Which centres will you be attending?

(Check all the apply)

YAC – EAST YAC – SOUTH YAC – CENTRAL

PLEASE FILL OUT ALL SECTIONS

| | |
|--|--|
| Child's Legal Name: _____ Name commonly known as: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Date of birth: _____ Languages known/spoken: _____ | If you would like Community Services to update you on future youth programs and opportunities, please list your email address below: Email: _____ |
|--|--|

| Mother/Guardian | Father/Guardian |
|-------------------------------------|-------------------------------------|
| Name: _____ | Name: _____ |
| Address: _____ | Address: _____ |
| Home Phone: _____ Cell Phone: _____ | Home Phone: _____ Cell Phone: _____ |
| Work Phone: _____ | Work Phone: _____ |

Child lives with: Mother Father Both Other (describe): _____

Designated Emergency Contacts -
Designate 2 people other than listed about so we can contact and release your child to in case of illness or an emergency if you are not available.

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

Allergies/Restrictions

Does your child have allergies to food, animals, medication, etc.? Yes No Describe: _____

If so, are the allergies life-threatening (anaphylaxis)? Yes No Describe: _____

Are there any cultural, religious or personal requirements or restrictions that we should be aware of? Yes No Describe: _____

Emergency Medical Transportation and Treatment

If, at any time, medical treatment is necessary due to a serious injury or sudden illness, by signing below, I authorize the Youth Activity Leaders to take whatever emergency measure deemed necessary for the protection of my child while in the care of the youth activity centre facility. I give permission for my child to receive medical attention deemed necessary by my child's doctor or other medical personnel. I understand that if transportation to a hospital is necessary it will be by ambulance. I understand that the staff will make every attempt to contact me and that any expense incurred for such treatment, including ambulance fees, is my responsibility.

| Mother/Guardian | Father/Guardian |
|--------------------|--------------------|
| Signature: x _____ | Signature: x _____ |
| Print Name: _____ | Print Name: _____ |
| Date: _____ | Date: _____ |

OVER →

Public Transportation Waiver

On occasion throughout the summer, the youth at the centre will participate in activities that occur off of centre grounds. In order for youth to participate in these activities, a signature by the youth's parent or guardian is required below. Youth whose forms not signed will be unable to attend such events. The centre will not be open when we are off site. Events taking place off of centre grounds will be identified on the activities calendar and posted at the centre. Also, youth will be reminded about these events by the Youth Activity Leaders in advance. Youth will be transported by the City Bus, or will walk, and will arrive back at the centre at regular closing time. If youth need to leave early, alternate transportation must be arranged by the youth and their parent/guardian. I acknowledge and approve that my child will be participating in activities in various locations throughout the City of Brandon. I hereby give my consent for my child to utilize the public transit system for transportation to such events. I also recognize that these events may change, and all events and/or changes will be posted at the centre for our knowledge.

- I **DO NOT** WISH FOR MY CHILD TO TRANSPORTED OFF THE YAC SITE (CHECK BOX).
I UNDERSTAND THAT ON THESE DAYS THEY WILL NOT BE ABLE TO ATTEND YAC.

Mother/Guardian

Signature: x _____
Print Name: _____
Date: _____

Father/Guardian

Signature: x _____
Print Name: _____
Date: _____

Consent to Photograph or Videotape

I hereby consent to have photographs/videotapes taken of myself or my child for the following purpose:

"Pictures of the individual to be representative of the City of Brandon Community Services programs for media or advertising purposes only."

I further agree to the use and retention of photographs and/or videotape by the City of Brandon for the purpose indicated above.

I hereby release and hold harmless, the City of Brandon, it's offices, and employees from any liability to me, my personal representation, executors, and assign, in respect of any and all physical and mental injury I might suffer directly or indirectly arising out of or connected with the taking of photographs/videotapes for the above mentioned purpose.

By signing below, I declare that I have read the above consent, or the consent has been read and explained to me and I fully understand the same.

- I **DO NOT** WISH FOR MY CHILD TO BE PHOTOGRAPHED OR VIDEOTAPED (CHECK BOX)

Mother/Guardian

Signature: x _____
Print Name: _____
Date: _____

Father/Guardian

Signature: x _____
Print Name: _____
Date: _____

Because of the format of the program, youth are not required to stay for any certain length of time and are free to come and go as they please.

Parent/Guardian initial once read: _____

If you have any questions, please feel free to contact us at 204-729-2257 or communityservices@brandon.ca

**Completed forms can be brought to the YAC location on the first day of attendance, emailed or dropped off at:
Community Development - 638 Princess Avenue – Use SOUTH doors**

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.