Enhanced Youth Programming Registration Form

September 1, 2026 - June 30, 2027

FILL OUT ALL SECTIONS, PLEASE PRINT CLEARLY

CHILD INFORMATION:

Full Name :

Preffered Name: **Pronouns:**

Date of Birth : MM / DD / YYYY **Age:**

Primary Home Address:

PARENT / GUARDIAN INFORMATION:

Full Name: **Relationship to Child:**

Primary Phone Number: **Secondary Phone Number:**

Email:

PARENT / GUARDIAN INFORMATION:

Full Name: **Relationship to Child:**

Primary Phone Number: **Secondary Phone Number:**

Email:

EMERGENCY CONTACT INFORMATION:

(This person will be contacted if parents/guardians cannot be reached.)

Full Name: **Relationship to Child:**

Primary Phone Number: **Secondary Phone Number:**

EMERGENCY CONTACT INFORMATION:

(This person will be contacted if parents/guardians cannot be reached.)

Full Name: **Relationship to Child:**

Primary Phone Number: **Secondary Phone Number:**

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MEDICAL / PERSONAL INFROMATION:

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

Describe any relevant cultural, religious or personal requirements or restrictions:

General Illness:

By initialing below, I acknowledge that if my child shows any signs of illness including coughing/sneezing, sore throat, nausea, upset stomach, diarrhea, vomiting, shortness of breath or fever prior to arrival, I will not send my child to the program until such time as those symptoms have subsided for at least 24 hours. In addition, if during the course of the program my child becomes ill with any of the symptoms listed above, I agree to arrange to pick my child up from the program within 20 minutes of being informed by the program organizers.

Parent/ Guardian Initial:

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 child's protection. I understand that any expense incurred for medical treatment, including ambulance fees, are my responsibility.

Parent/ Guardian Initial:

Consent to Photograph and Video:

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 the parent/guardian and/or child may be used for this purpose.

***DO YOU CONSENT TO YOUR CHILD BEING PHOTOGRAPHED OR VIDEOTAPED BY PROGRAM STAFF FOR PROMOTIONAL PURPOSES?**

Yes **No** **Parent/ Guardian Initial:**

Attendance Policy:

I understand and agree that participants are required to stay for the duration of the program unless alternate arrangements have been made with Program administrators. I also understand that my child must leave the school promptly at program completion with or without parent/guardian.

Parent/ Guardian Initial:

Release /Waiver:

By signing below, I acknowledge that I fully understand the purpose of this program, the type of activities that my child 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 child, and/or my property, arising from the provision of these services and activities.

Parent/ Guardian Name: **Signature:**

If you have any questions, please feel free to contact t.moore@brandon.ca
Completed forms must be returned PRIOR to the first day of attendance.

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.