

Parental/Guardian Consent Form

All activities where a child or children are registered in a program and left under the care of the instructor or staff member at the Port Moody Arts Centre must complete this Parental Consent form.

If this form is not completed and signed, regretfully the volunteer will not be able to participate. This form is valid for two years from the date it is signed. One form per family, please.

Please discuss this form with your child(ren) so that they understand what is being signed and why.

Child's Full Name: _____ Date of Birth: _____ M / F

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I consent to my child(ren)'s participation in programs at the Port Moody Arts Centre. I am aware that there are risks associated with participation in the Program, including the risk of injury, and I consent to my child(ren)'s participation in spite of such risks.

Yes / No Initial: _____

I acknowledge it is my responsibility to advise the Arts Centre of any medical or other conditions which may affect my child(ren)'s participation in the Program and have listed them below.

Yes / No Initial: _____

In the event that my child(ren) requires medical attention, I consent to my child(ren) being transported to the nearest emergency centre, including by ambulance if necessary, and accept that I am responsible for any costs of such ambulatory service.

Yes / No Initial: _____

I give the right and permission to the Port Moody Arts Centre to publish, copyright, and use images of photographs of my child(ren) and their artwork in all forms and media for promotional purposes only. I hereby release the Port Moody Arts Centre from all call claims and liability relating to said photographs.

Yes / No Initial: _____

Medical Conditions or Special Requirements: _____

Medications: _____

Allergies (food, medications, bees, nuts, etc.): _____

Other: _____

I have read this Consent Form and I understand and accept its terms

Parent/Guardian's First, Last Name (Please Print) Signature Date

Emergency Contact Information

Parent/Guardian Name#1 Mobile Phone Home Phone

Parent/Guardian Name #2 Mobile Phone Home Phone

Doctor's First, Last Name Phone Care Card #