

Recreation Programming | Participant Information Form

Name of Participant:		Birth Date:
Address:		Postal Code:
Name of program/camp:		
Location:		Start Date:
Name of Parent/Guardian:		
Home Phone:		
Home Phone:	Work:	Cell Phone:
Francisco Contact / Different	than Davant/Cuandian)	
Emergency contact: (Different i	·	
Name:	Relationship to Participant: _	
Home Phone:		Cell Phone:
Pick-Up Arrangements		
_	a to nick up the participant each day. If	there are any changes in these arrangements,
I will let the program staff know (there are any changes in these arrangements,
·		hone:
	<u> </u>	Hone.
Name:	P	hone:
Relationship to participant:		
2. Is the participant permitted to	walk home at the end of the program ea	ch day? Yes No
Parent/Guardian Signature:		
Health Information		
	P	hone:
Family Doctor:		Phone: es No
Family Doctor: Does the participant have a dis	sability or require support? Y	es No
Family Doctor: Does the participant have a dis	e any information our staff may need to	
Family Doctor: Does the participant have a dis	e any information our staff may need to	es No
Family Doctor: Does the participant have a dis If yes, please specify and include Inclusion Support Information Sh	e any information our staff may need to	es No
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If the participant requires Recreation Programming Staff to administer and/or store medication (prescription and/or non-prescription), please obtain the necessary medical forms online at www.halifax.ca/rec/forms or from your Community Recreation Centre.

Completed Medical forms are required and to be returned to the Community Recreation Centre prior to the start of the program.

In accordance with Section 485 of the Municipal Government Act (MGA), the personal information collected on this form will only be used by HRM staff and, if necessary, individuals under service contract with HRM for purposes relating to recreation program administration. If you have any questions about the collection and use of this information, please contact HRM's Access and Privacy Office at 902-490-4390 or accessandprivacy @halifax.ca

