

Participant Profile Form

Child & Youth Programs



Registered Program/Course Camp Purple Stew (Select all that apply)

Participant Name: _____

Date of Birth: _____ Age: _____

Address: _____

Postal code: _____ Phone: _____

First language: _____ Other languages: _____

Parent(s) / Guardian(s)

Name: _____ Primary Phone: _____ Secondary Phone: _____

Email: _____ Relationship to child: _____

Name: _____ Primary Phone: _____ Secondary Phone: _____

Email _____ Relationship to child: _____

Other persons authorized to pick-up

Name: _____ Relationship to child: _____

Primary Phone: _____ Secondary Phone: _____

Name: _____ Relationship to child: _____

Primary Phone: _____ Secondary Phone: _____

If your child requires an support worker in other programs, one is also required for our programs.

Will an support worker be accompanying your child? Yes* No

If yes, please complete and submit the **Support Worker Form at least 1 week prior to the first day of the program.*

Purple Stew and Preschool Programs ONLY

Please provide us with any special instructions regarding your child:

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Health Information (Optional for Yukon Residents. Mandatory if you reside outside of the Yukon)

Health Care #: _____ Province/Territory: _____

Date of Last Tetanus Shot (if known): _____

Does your child have any conditions we should know about to better meet your child's needs? If you'd feel more comfortable discussing these issues with us, please call 633-8519.

Hearing _____	Speech _____	Emotional/Psychological _____	Learning _____
Visual _____	Intellectual _____	Physical _____	Seizures _____
ADHD/ADD _____	Asthma _____	Allergies* _____	Other** _____

*If your child has an allergy requiring an EPI-PEN, please complete and submit the ANAPHYLAXIS EMERGENCY PLAN FORM. Additional forms may also be required if you answered yes to any of the above.

****Other:** _____

Emergencies

It is our policy that we notify a parent when a child is ill or needs medical attention. Occasionally we cannot contact parents and we need to get immediate help for the child. Our procedure is to call Emergency Services (911). Please sign the consent at the bottom of this page so that we can take appropriate action on behalf of our child. We will take this consent with child to the emergency center.

I have read and understand the Emergency Policy and have provided all medical information to the best of my knowledge:

I hereby give consent for my child, when ill/injured to be taken to the nearest emergency center by ambulance to receive treatment when I cannot be contacted.

Date

Signature of Parent/Guardian

Photo/Model Release

Our staff may visit programs, camps, and special events to catch participants in action. If you or your child objects to our staff taking or using your photograph, please let us know.

I grant to the *City of Whitehorse*, its representatives and employees, the right to take photographs of my child in connection with the above-identified subject. I authorize the City of Whitehorse, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that the *City of Whitehorse* may use such photographs of my child with or without my name and for any lawful purpose, including for such purposes as publicity, illustration, advertising and web content.

I have read and understand the above.

Date

Signature of Parent/Guardian

Purple Stew Information

All children entering Purple Stew are subject to a 1-week trial period. This allows time to determine the suitability of the program for the child's needs. At the end of the first week, the instructors reserve the right to propose alternate arrangements appropriate for the child's needs. If a withdrawal is proposed, a full refund will be provided at that time.

Submission of this form is confirmation that Parent/Guardian has read and will abide by guidelines provided in the Parent Handbook. Please complete and return this form no later than 1 week prior to program start.

Return forms to: Canada Games Centre – Reception Desk or fax 867.668.8675