



**Cross Country Skiing
Registration Consent Form**

Child/Youth Name:	Date:
Date of Birth:	Age:
Parent/Guardian Name:	Parent/Guardian Contact Number:
Address:	Personal Health Number:
Cell Phone:	Work Phone:
Emergency Contact Name & Relationship:	Emergency Number:
Nation:	Clan/Tribe:
Medications:	Allergies:
Height:	Boot Size:

Conditions requiring special considerations (medical/physical)?

Does your child require: (A) Epipen Yes / No

 (B) Inhaler Yes / No

**Cross Country Skiing at Onion Lake Skii Trails by Van every week starting January 6 through
March 10, 2020. Time of Departure is 3:30 pm and time of return is 6:00 pm.**

Monday Ages 12-18

Wednesday Ages 9 – 13

PHOTO CONSENT

I give KFS and Spirit North permission to take photos and use photo(s) taken during the program for promotional use, fundraising, public relations, and communication materials. I understand that this consent includes all images of the person named above taken during the year.

I do not give KFS and Spirit North permission to take photos and use photo(s) taken during the program for promotional use, fundraising, public relations, and communication materials.

I understand that the image(s) and videos may be used in print/online publications, print advertisements, electronic media (video, internet, website, social media) or other form of communication.

Youth Signature: _____

Date: _____

LIABILITY

By signing below I understand that participation is voluntary, and involves a certain degree of risk when participating in activities/events. After carefully considering the risks involved, and having full confidence that reasonable precautions will be taken to ensure the safety and well-being of my child, I grant permission for my child to participate fully in this activity/event.

I understand that Kermode Friendship Society is not responsible for any injury, loss or damage of any kind sustained by any person while participating in the Aboriginal Child & Youth Mental Health group.

To the best of my knowledge, my son/daughter is in good physical condition and fully capable of participating.

MEDICAL EMERGENCY PROCEDURES CONSENT

In the event that your child/ward may incur illness or accident, immediate surgical or medical attention is necessary.

By signing below I give my permission for Kermode Friendship Society to make arrangements for qualified medical attention for my child in the event of an emergency without necessity of my prior approval. I/we understand that I/we will be notified by the quickest means possible if this authority is exercised.

FIELD TRIPS

By signing below I give permission for my child to participate in excursions or outings with Kermode Friendship Society's Group. Parents will be informed of field trips and special events that are planned and are away from the office.

PERMISSION

I, _____ give my child _____ permission to participate in the above mentioned activity/event on the dates mentioned above with a responsible chaperone present.

Parent/Guardian

Signature: _____ Date: _____