

GREG MOORE YOUTH CENTRE

# YOUTH PROGRAMS

UPDATED 2021

INFORMED  
CONSENT  
AGREEMENT

10-12 YEARS

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## PRC YOUTH OUTREACH INITIATIVE PROGRAM

We, the **UNDERSIGNED** hereby acknowledge that certain **RISKS OF INJURY** are inherent to participation in sports and recreational activities. Including but not limited to: **SKATEBOARDING/ IN-LINE SKATING/ SCOOTERING/ ROLLER SKATING/DROP-IN RECREATIONAL ACTIVITIES/ROCKCLIMBING**. We consent to our Child's/Charge's participation in spite of such risks.

I/we the Parent/Guardian agree to review the **RULES AND REGULATIONS** with our Child/Charge.

### **RULES AND REGULATIONS**

- 1.** Helmets must be worn while skateboarding/inline skating/roller skating or using skate equipment.
- 2.** No unsafe or reckless skating allowed.
- 3.** Participants will obey the instructions of the youth centre staff.
- 4.** All our programs are free from nicotine, alcohol & other drugs

I/we understand certain activities require a minimum **LEVEL OF FITNESS AND HEALTH** (physical, mental and emotional) and that each person has a different capacity for participating in these activities. We feel our child/charge meets this level.

I/we understand and acknowledge that certain **RISKS OF INJURY** are inherent with **TRANSPORTATION** via a motor vehicle that are beyond our control and **ASSUME THESE RISKS** if they occur.

I/we the undersigned parent, guardian, do hereby agree to allow individual(s) named herein to be photographed/ videotaped and to be used solely for the purposes of the Youth Outreach Initiative program, and Maple Ridge Parks, Recreation and Culture.

I/we declare having read and understood the above **INFORMED CONSENT AGREEMENT** in its entirety and hereby allow our Child/Charge to participate acknowledging all of the foregoing.

# PRC YOUTH OUTREACH INITIATIVE PROGRAM

## PARTICIPANT INFORMATION

Participant Name \_\_\_\_\_

Participant Age/Birthday \_\_\_\_\_

Address \_\_\_\_\_

Allergies \_\_\_\_\_

\_\_\_\_\_

Care Card # \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Emergency Contact Phone # \_\_\_\_\_

Other Information \_\_\_\_\_

\_\_\_\_\_

## GUARDIAN INFORMATION

Date Signed \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Phone # \_\_\_\_\_

Parent/Guardian Alternate Phone # \_\_\_\_\_

Parent /Guardian Signature \_\_\_\_\_

The personal information on this form is collected in accordance with Section 26(c) and (d) of the Freedom of Information and Protection of Privacy Act for the purpose of administering the Youth Services Youth Outreach Program. If you have any questions about the collection, use or disclosure of this information, please contact the Manager of Legislative Services, at 604-463-5221 or [foi@mapleridgeca](mailto:foi@mapleridgeca).