



PROGRAM NAME: _____

DATE: _____

| | |
|------------------------------|---|
| Participant | <p>Child's Name: _____ <small style="display: inline-block; width: 200px; text-align: center;">First Name</small> <small style="display: inline-block; width: 200px; text-align: center;">Last Name</small></p> <p>Child name preference: _____ Age: _____</p> <p>Birth Date (DD/MM/YYYY): _____ Care Card #: _____</p> <p>Child's 1st Language: _____ Child's 2nd Language: _____</p> <p>Does your child have a life threatening allergy or medical condition? <input type="checkbox"/> Yes or <input type="checkbox"/> No (check one)</p> <p>What is the life threatening allergy to or name of the condition? _____ <i>*If YES, please complete the Special Information Section in this waiver.</i></p> <p>Home Address: _____ Home Phone Number : _____</p> |
| Contacts | <p>Parent/Guardian #1 _____ Relationship to Child: _____</p> <p>Phone#(home): _____ (work): _____ (cell): _____</p> <p>Parent/Guardian #2 _____ Relationship to Child: _____</p> <p>Phone#(home): _____ (work): _____ (cell): _____</p> <p>Emergency Contact _____ Relationship to Child: _____</p> <p>Phone#(home): _____ (work): _____ (cell): _____</p> |
| Pick Up Authorization | <p>I hereby authorize the following people to pick up my child, at the program location in the event parent(s)/guardian(s) are unable to and have contacted the Parks & Recreation staff prior to pick up.</p> <p>All authorized pick up must provide photo ID.</p> <p>1. _____ Phone Number: _____</p> <p>2. _____ Phone Number: _____</p> <p>3. _____ Phone Number: _____</p> <p>4. _____ Phone Number: _____</p> |
| Photos | <p>I, the undersigned, parent/guardian do hereby agree to all the individual(s) names herein to be photographed and pictures to be used solely for the purposes of promoting City of Maple Ridge programs.</p> <p style="text-align: right;"><input type="checkbox"/> YES or <input type="checkbox"/> NO (check one)</p> |



Medical Information

Please ensure all information is completely filled out as this information is used is for staff to provide medical treatment and information for your child in the event of an illness or injury.

Does your child:

(Identify the name of the condition or medication if they have any of the following considerations)

Have any medical conditions (i.e. Asthma)?

YES or NO if **yes** please explain below:

Take any medication (include type, dosage, times of self-medication)?

YES or NO if **yes** please explain below:

Have any allergies (include types of food, medication, sunscreen and environment)?

YES or NO if **yes** please explain below:

Have any limitations that would mean the child could not participate in activities?

Have any fears that staff should be aware of (e.g. water, bees)?

Medical Release:

It is our policy to notify a parent when a child is ill or needs medical attention. In the event we cannot contact you and we need to get immediate help for your child, we require a signed consent to do so.

1. I give consent for my child to be taken to the nearest emergency medical centre by ambulance when I cannot be contacted.
2. I give consent for my child to receive medical treatment.

Signature of parent/guardian _____ Date: _____

Witness: _____



| | |
|--------------------------------|--|
| Important Information | <p>Do you give permission for staff to administer bug spray to your child? <input type="checkbox"/> YES or <input type="checkbox"/> NO (check one)</p> <p>Please list any family information or special instructions the Maple Ridge Parks, Recreation & Culture staff should be aware of while your child is in care:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Please list any other comments or concerns that you have:</p> <p>_____</p> <p>_____</p> <p>_____</p> |
| | <p>By signing below I give permission to allow my child/ren (over 10 years of age) to walk home/leave after the program is concluded unaccompanied and without a parent or guardian.</p> <p style="text-align: right;"><input type="checkbox"/> YES or <input type="checkbox"/> NO (check one)</p> <p>Please specify the date range (i.e. July 6-10,) and/or specific date (s) or days (i.e. Monday's, Tuesday's):</p> <p>_____</p> |
| Walk Home Authorization | |

I consent to my child's participation in the program. I am aware that there are risks associated with the participation in the program, including the risk of injury, and I consent to my child's participation in spite of such risks. I acknowledge that it is my responsibility to advise the City of Maple Ridge of any medical or other conditions which may affect my child's participation in Maple Ridge Parks, Recreation & Culture programs and have listed them above. I have read this form and understand and accept its terms.

Parent/Guardian Signature

Parent/Guardian Printed Name

Date

Parent/Guardian Email

COVID-19 Assumption of Risk, Release of Liability, Waiver of Claims, Assumption of Risks, Indemnity & Permission Form**WARNING: BY SIGNING THIS DOCUMENT****YOU WILL WAIVE CERTAIN LEGAL RIGHTS,****INCLUDING YOUR RIGHT TO SUE****PLEASE READ CAREFULLY!**

INITIAL

Dr. Bonnie Henry stated on May 16, 2020 that "COVID-19 is new for all of us". We at the City of Maple Ridge responded to the direction from our public health officials to first close our facilities and cease offering services. We are now responding to the direction to reopen by offering outdoor programming and offer services to our community cautiously, with the safety of our staff and community being our priority.

COVID-19 remains a worldwide pandemic and a threat to our local health and safety. We know the following (this list is not intended to be exhaustive):

1. The infectious agent, SARS-CoV-2, has caused community transmission of a serious communicable and potentially fatal disease known as COVID-19 amongst the population of the Province of British Columbia;
2. Our public health officials have determined this constitutes a regional event as defined in section 51 of the *Public Health Act*;
3. A person infected with SARS-CoV-2 can infect other people with whom the infected person comes into contact with; and
4. The gathering of people in close contact with one another can promote the transmission of SARS-CoV-2 and increase the number of people who develop COVID-19.

We cannot be certain that a person (of any age) will not contract SARS-CoV-2 while participating in one of our programs, but we have taken the steps required to develop our COVID-19 Safety Plan, which is available for your review at [www.mapleridge.ca/1473]. We have also developed COVID-19 policies and procedures, which are available for your review here [www.mapleridge.ca/1473]. We have implemented our COVID-19 Safety Plan and will be applying our policies and procedures, but **the risk remains that a COVID-19 outbreak could occur despite our best efforts.** **If your child is infected with SARS-CoV-2, that infection can spread to yourself and others.**

The personal information on this form is collected in accordance with the *Freedom of Information and Protection of Privacy Act*. 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.

It is vital that no person who feels sick in any way visit any of our programs and/or utilize any of our services. We do not employ health professionals and do not screen for potential illness. It is also vital that no person bring a child to any of our facilities if the child is feeling unwell or showing any symptoms of illness. Again, we do not screen for same.

For our camps and other programs for children, we will maintain physical distancing amongst the children where possible. We will be reducing the number of children in each program compared to our standard practices. We will emphasize hygiene and provide for handwashing as children begin and end their days in our programs. However, it is vital that children be permitted to play and this includes games where they may come in close contact with each other such as use of playground equipment and active games. All activities will take place outdoors.

It is vital that any person who believes that they may have become ill or their child may have become ill within 14 days of visiting one of our facilities and/or while taking part in one of our programs report this immediately to us by contacting the Children's Recreation Department 604-466-4339 and seek appropriate medical attention by first calling 8-1-1. We will share personal information for the purposes of contact tracing if the need arises. To attend our programs and/or take part in our programs and/or send a child to camp, you must consent to the same.

Please do not allow your child to participate in any of our activities or programs if your child has:

- experienced cold or flu-like symptoms within the last 14 days;
- been in close contact with anyone else who has had these symptoms in the last 14 days; or
- been in close contact with anyone else who has travelled outside of Canada in the last 14 days.

Please note: If your child is displaying symptoms of respiratory distress or illness, they will be asked not to participate.

Further, note that your child's participation in City programming, including camps, is conditional upon your agreement to the terms contained in this Form.

Lastly, it is vital that we all be calm and compassionate throughout this pandemic. Any person who exhibits any aggression towards our staff or any other person in one of our facilities and/or programs will be asked to leave and not return.

If you would like more information regarding the risks associated with COVID-19 for children, please review the following BC CDC publications:

[COVID-19 Public Health Guidance for K-12 School Settings](#)

[COVID-19 Public Health Guidance for Child Care Settings](#)

I/we have read, understand and agree to this form.

INITIAL HERE

The personal information on this form is collected in accordance with the *Freedom of Information and Protection of Privacy Act*. 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.

| | |
|--|---------------------|
| <p>I/we accept that use of the City's facilities or participating in City programs could result in our child developing COVID-19, and that our child may further infect others including my/ourselves, and am/are willingly accepting those risks.</p> | <p>INITIAL HERE</p> |
| <p>I/we have reviewed this Form with my/our child and have instructed our child to listen to and follow the instructions provided.</p> | <p>INITIAL HERE</p> |
| <p>I/we give on behalf of myself/ourselves a FULL RELEASE AND WAIVER OF LIABILITY AND ALL CLAIMS to the City from any and all liability for any personal injury, death, loss, damage or expense of any kind that I/we may suffer as a result of my/our child's participation in the City's activities and programs resulting in my/our child contracting SARS-CoV-2 or developing COVID-19, including but not limited to NEGLIGENCE, GROSS NEGLIGENCE, BREACH OF CONTRACT, BREACH OF ANY STATUTORY DUTY, or DUTY OF CARE ON THE PART OF THE CITY AND ALSO INCLUDING THE FAILURE ON THE PART OF THE CITY TO SAFEGUARD OR PROTECT MY/OUR CHILD FROM THE RISKS, DANGERS AND HAZARDS REFERRED TO ABOVE.</p> | <p>INITIAL HERE</p> |
| <p>I AGREE NOT TO SUE and I further agree to INDEMNIFY AND SAVE HARMLESS the CITY from all expenses, fees liability and damage award or cost of any type whatsoever resulting from my/our child's participation in the City's programs or use of the City's facilities after having contracted COVID-19.</p> | <p>INITIAL HERE</p> |

Both parents/guardians (if applicable) must initial and sign this form. Thank you.

Signed this _____ day of _____, 2020.

Name of Child (please print)

Name of Parent or Guardian (please print)

Signature of Parent or Guardian

Name of Parent or Guardian (please print)

Signature of Parent or Guardian

Witness Name

Witness Signature

Witness Name

Witness Signature

The personal information on this form is collected in accordance with the *Freedom of Information and Protection of Privacy Act*. 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.