



CHILD & YOUTH REGISTRATION FORM

PARTICIPANT INFORMATION					
First Name: _____	Date of Birth:	____	____	____	
Last Name: _____		DD	MM	YYYY	T-shirt Size: _____
					M <input type="checkbox"/> F <input type="checkbox"/> Gender:

PARENT/GUARDIAN INFORMATION			
First Name: _____	First Name: _____		
Last Name: _____	Last Name: _____		
Street Address: _____	City: _____	Province: _____	Postal Code _____
Primary Phone #: _____	Secondary Phone #: _____	How did you hear about us? _____	
Email: _____		May we mail/email you PISE notices and program information? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(Our Constant Contact service allows auto-unsubscribe at any time)</small>	

EMERGENCY CONTACT AND AUTHORIZED PICK-UP		
Contact in Case of Emergency: _____	Phone #: _____	Relationship: _____
Pick up List (in addition to those list above; ID will be required):		
Name: _____	Phone #: _____	Relationship: _____
Name: _____	Phone #: _____	Relationship: _____
Persons not permitted to access this child:		
Name: _____	Name: _____	

MEDICAL INFORMATION (IF NONE, PLEASE PUT NOT APPLICABLE)
Are there any medical conditions, allergies or cognitive or physical disabilities that may affect your child? Please include information regarding the signs, symptoms and severity of allergic reaction.
If your child has allergies, does your child carry an Epinephrine injector?
Please list any medications your child is currently taking as well as timing and dosage requirements. **Note – PISE staff are not permitted to administer medications**
Any additional information which could assist PISE with the care of your child:

OUT TRIPS
In signing this form, I agree that my child may participate in any out trips planned away from PISE Program locations. Reasonable precautions and safety measures will be taken by the Program staff, but despite those measures, the risk of injury still exists.

**Grey boxes are relevant to PISE Spring, Summer and Winter Camps. Please disregard for all other PISE Programs.*

Your signature verifies that you have read and understood the information above.

Name: _____ (Parent/Guardian) Signature: _____ (Parent/Guardian) Date: _____ (www/mm/dd)



PISE (THE PACIFIC INSTITUTE FOR SPORT EXCELLENCE) INFORMED CONSENT AGREEMENT

Dear Parent / Guardian of Registrant:

Thank you for choosing to use the facilities, services or programs of PISE. We request your understanding and cooperation in maintaining both your and our safety and health by reading and signing the following INFORMED CONSENT.

I, _____, declare that my child, _____, intends to use some or all of the activities, facilities, programs and services offered by PISE and I understand that each person, my child included, has different capacities for participating in such activities, facilities, programs and services. I am aware that all activities, services and programs offered are educational, recreational, or self-directed in nature. I assume full responsibility before, during and after participation to instruct my child on the choices available to him/her relative to the risks to the undertaken, information or instructions available.

I understand that part of the risk involved in undertaking any activity or program is relative to one's own state of fitness or health (physical, mental or emotional) and the awareness, care and skill with which my child conducts themselves in that activity or program. I acknowledge that my child's choice to participate in any activity, service and program of PISE brings with it the assumption by me of risks or results stemming from this/these choice(s) and the fitness, health, awareness, care and skill that my child possesses and uses. In addition, I understand that I am free to withdraw my child from, reduce or modify involvement in any program activity, and realize that I should do so upon recognition of any signs of transient light-headedness, fainting, chest discomfort, leg cramps, nausea, etc. I further understand that the activities, programs and services offered by PISE are sometimes conducted by personnel who may not be licensed, certified, or registered instructors or professionals. I accept the fact that the skills or competencies of some employees and/or volunteers will vary according to their training and experience and that no claim is made to offer assessment or treatment of any medical or physical condition by those who are not duly licensed, certified or registered and herein employed to provide such professional services.

In addition, I acknowledge that I have inquired about the nature of any activity, program or services that I am not completely familiar with and I have been informed of any inherent risks.

I declare that I have read, understood and agree to the contents of this INFORMED CONSENT AGREEMENT in its entirety.

Name: _____ Signature: _____ Date: __ (YYYY/MM/DD)
Program: _____ Dates of Program: __ (YYYY/MM/DD – YYYY/MM/DD)

Personal Information Declaration

This information is collected for the administrative and/or operational functions of PISE as authorized by the Local Government Act. This information has been collected, and will be used and maintained in accordance with the Freedom of Information and Protection of Privacy Act. Should you have any questions about the above, please contact PISE's Privacy Office at 250-220-2512.