



Town of Edson - Youth Interagency

Program: \_\_\_\_\_

Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
(mm) (dd) (yyyy)

Name of Participant: \_\_\_\_\_

The Participant fully understands and agrees to follow all rules and regulations given by the committee members of the Youth Interagency for the duration of the program listed above.

Participant Signature: \_\_\_\_\_

Parent/Guardian: I \_\_\_\_\_ give my son/daughter permission to participate in the above mentioned program. I also understand that my son/daughter will be expected to abide by the rules set out by the staff members of the Youth Interagency Committee.

Should a medical emergency arise, I give permission for first-aid and medical treatment to be administered to my son/daughter.

Alberta Health Care # \_\_\_\_\_

If your son/daughter has a medical condition or is on any medication, please inform us of the situation below. (This information is confidential and will be given only to medical personnel in the event of a medical emergency).

Medical conditions/medications, allergies, etc.:

\_\_\_\_\_  
\_\_\_\_\_

Emerg. Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I, The Parent, to the above mentioned participant, am aware that there are risks associated with participation in this program, including the risk of injury or death, and I consent to my child's participation in spite of such risks. I hereby for myself, my heirs, executors and any other who may claim on my behalf, covenant not to sue, and hereby waive, release and discharge the Town of Edson-Youth Interagency and anyone acting on their behalf from any and all claims of liability for personal injury, loss of life, or property damage of any kind or nature, arising out of or sustained in the course of my child's participation in the program.

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

Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
(mm) (dd) (yyyy)

**Alberta Freedom of Information and Protection of Privacy Act (FOIPP):**

By signing below, I give permission for photographs or video to be taken of my child(ren) while participating in programs offered by the Youth Interagency.

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

Date: \_\_\_\_\_

*This information is being collected under the authority of the FOIPP Act and will be used for program registration and record keeping purposes. It is protected by the privacy provisions of the Freedom of Information and Protection of Privacy Act, Statutes of Alberta. If you have any questions about the collection of the personal information, please contact: Krysta Hawboldt, Recreation and Culture Coordinator of Community Services at the Town of Edson @ 780-723-4403.*