



Town of Halton Hills
 1 Halton Hills Drive
 Halton Hills ON L7G 5G2
 www.haltonhills.ca

RECREATION & PARKS YOUTH PARTICIPANT INFORMATION

Family Name: _____ Child's Name: _____

Main Contact: _____

Home Tel: _____ Cell: _____

Business Tel: _____ Email: _____

Earliest Program Start Date: _____

Does your child have any health conditions of which our staff should be aware?

Please be specific (i.e. asthma, allergies, epilepsy, diabetes, asthma, chronic conditions) Yes No

Does your child have any anaphylactic allergies of which our staff should be aware?

Please be specific. Yes No

Does your child have any specific needs of which our staff should be aware?

Please be specific (physical disabilities, development delays, behavioural concerns) Yes No

In the event of an emergency, and unable to contact Parents/Guardians, please notify: (Local)

Name: _____ Phone No.: _____

Relationship: _____

The following individual(s) may escort my child home:

Name: _____ Phone No.: _____

Name: _____ Phone No.: _____

Individual(s) not to release this child to:

May your child proceed home by themselves at the end of the program? Yes No

REQUEST FOR PERMISSION (Please <u>initial</u> your response)	YES	NO
Do you give permission for your child to participate in off-location walking trips within the local community?		
Do you give permission for your child to be photographed/videotaped during program (including events) by staff or media for Town promotions only?		

Please return this form to Recreation & Parks at the Halton Hills Civic Centre well before the program start date. Forms can be faxed to 905-873-1587.

The personal information on this form is collected under the authority of the Municipal Act, as amended. The information is used for the administration and processing of program registration. Questions regarding the collection of this information should be directed to the Town of Halton Hills Records/FOI Coordinator at foi@haltonhills.ca.