



**Courtenay
Recreation**

**Parental/Guardian Consent Form
Courtenay Recreation**

If your child has any medical or other conditions that may affect your child's participation in a City of Courtenay program, please contact the applicable Centre one week prior to the start of the program so that appropriate arrangements can be made.

To: The City of Courtenay (the "City")

Re.: _____ (the "Program")
(Insert name of program)

Name of Child: _____ Date of Birth: _____

I consent to _____ participation in Courtenay Recreation's Programs. I am aware that there are risks associated with participation in the Program, including the risk of injury and risk of contracting communicable disease, and I consent to _____ participation in spite of and with full understanding and acknowledgment of such risks.

I acknowledge that it is my responsibility to advise the City of any medical or other conditions which may affect my child's participation in the Program and will provide any medical conditions, medications or allergies to Courtenay Recreation Staff upon registration.

In the event that my child requires medical attention, I consent to my child being transported to the nearest emergency Centre, including by ambulance if necessary, and accept that I am responsible for any costs of such ambulance service.

I have read this Parental/Guardian Consent Form and understand and accept its terms.

Parent/Guardian Signature

Date

Parent/Guardian Name (please print)