



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 my child's participation in Courtenay Recreation's Programs. I am aware that here are risks associated with 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 any medial or other conditions which may affect my child's participation in the Program and have listed them below:

**Medical Conditions:** \_\_\_\_\_  
**Medications:** \_\_\_\_\_  
**Allergies (food, medications, bees, etc.):** \_\_\_\_\_  
**Other:** \_\_\_\_\_

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.

Permission is hereby Granted or Denied (please check the appropriate box) for the City of Courtenay to take and use photographs of the above-mentioned child for promotions and records.

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name (please print)