



Appendix "E" – Health and Safety Policy

Child/Youth Program – Registration form

(includes consent, release of liability, waiver of claims,
assumption of risks and indemnity agreement for all OCCRCs programs, activities and outings)

**The receipt of the following information is acknowledged
by the signatures of the parent/legal guardian and the witness.**

Participant's Information *(please print)*

Child/Youth Name: _____ (_____) _____ (_____) _____
(first) (last) (home tel. no.) (cell no.)

Date of birth: _____ Age: _____ Gender: _____
(mm/dd/yyyy)

Address City Province Postal Code

School Grade

Allergies/Medication: _____

Health Card Number *(optional)*: _____

Any other medical or behavioural issues, physical disabilities, fears or habits the staff should know?

* * * * *

Emergency Contact (1 of 2) *(please print)*

Parent Legal guardian _____

Relationship to the child/youth: _____

Home tel.: (_____) _____ Work tel.: (_____) _____ Cell: (_____) _____



Emergency Contact (2 of 2) *(please print)*

Parent Legal guardian _____

Relationships to the child/youth: _____

Home tel.: (_____) _____ Work tel.: (_____) _____ Cell: (_____) _____

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Parental/Legal Guardian Consent for programs/activities/outings

(to be completed for participants under 18 years old)

Note: If an excursion is organized with or without approval being obtained from the parent/legal guardian, the OCCRC declines to assume financial or other responsibility of personal liability incurred by the child/youth and/or their parent(s)/guardian(s) in connection with their private arrangements for excursions, activities, or outings, which are not part of the OCCRC activities.

Transportation is the responsibility of the parent or the legal guardian.

I agree and understand that my child/youth named on this form has my permission to participate in any or all programs/activities/outings organized by the Orléans-Cumberland Community Resource Centre (OCCRC) Youth Program. As the parent or legal guardian of the child/youth registered in any or all programs/activities/outings, I agree to indemnify and hold harmless the OCCRC from all claims, demands, actions and causes of action, loss, costs or damages that my child/youth may suffer, incur or be liable for in relation to any injury my child/youth may suffer or cause to others in connection with my child/youth's negligence or actions while my child/youth is participating in any or all programs/activities/outings.

Furthermore, I hereby release, waive and discharge the OCCRC from all liability to our heirs, executors, administrators, and staff for all loss or damage and any claim or demands for such loss or damage due to injury to person or property.

By signing this form, I understand that my child/youth will be assuming injury and certain legal risks. I, as the parent or legal guardian of the child/youth, confirm that I understand and agree to the conditions contained in this Child/Youth Registration Form prior to signing it.

Name of the parent/legal guardian *(please print)*

Name of the witness *(please print)*

Signature of the parent/legal guardian

Signature of the witness

Date *(mm/dd/yyyy)*

Date *(mm/dd/yyyy)*



Media Consent Form

(Appendix “C” – Communication and Social Media Policy)

(to be completed for participants under 16 years old)

I give permission for to the Orléans-Cumberland Community Resource Centre (OCCRC) [includes staff and anyone working on behalf of OCCRC] to take pictures or record both sound and picture of my child or children under my care, alone or in a group while at the OCCRC, during Centre events, and during a community event.

I also give permission to the OCCRC to use the information (pictures or videos recorded with both sound and picture of my child or children under my care, alone or in a group) to:

- ✓ produce a photo album;
- ✓ print in our bulletin
- ✓ post on our website;
- ✓ use to decorate the Centre; or
- ✓ be viewed by visitors at the OCCRC.

It is understood that the publication of the pictures or videos will be done by OCCRC staff only.

Name of adult, child, youth being photographed/filmed	If child is under 16, the name of the parent/guardian	I have read and understood the permission consent form. Signature
ONE NAME PER LINE — PLEASE PRINT		

We will make every effort to ensure that we do not allow images to be taken of any child/youth for whom we do not have permission or who are ‘at risk’ or disallowed from having their photographs taken for legal or social reasons.

We will take all reasonable measures to ensure the images are used solely for the purposes for which they are intended. However, we cannot guarantee this and take no responsibility for the way images are used once they are published.

Signature of the parent/legal guardian

Signature of the witness

Date (mm/dd/yyyy)

Date (mm/dd/yyyy)

I would like to receive information by email (*email address*)_____

For information: Tanya Lapointe Harris, Youth Counsellor, 613-830-4357 ext. 140
or tanya@crcoc.ca

For an emergency: contact our staff by cell phone at 613-402-2871