



# Enrolment Form

## for Extended Recreation and Culture Programs

Re: Department of Recreation, Cultural and Facility Services, Policy 8.5.0 Conditions of Enrolment

Please take the time to complete this form carefully. This information is personal and confidential, and with the exception of certain situations set out in this form, will only be used by Recreation, Cultural and Facility Services (RCFS) staff to ensure that proper care and attention is given the health and safety of the participant.

### Program Information

Program/Activity Name:

Barcode (if available):

Date(s) of Program (DD/MM/YYYY):

Location of Program:

### Participant Information

Last Name:  Middle Initial:  First Name:

Home Telephone:  Gender:  Date of Birth (DD/MM/YYYY):

School/Grade (where applicable):

Address:

City:  Province:  Postal Code:  Age:

**For Applicable Programs/Activities:** Can the participant **swim in deep water** (water over their head) **without** assistance and **without** the use of a life jacket for 25 meters? Swim test may be required. Participants using lifejackets will not be permitted to swim in deep water.

Yes  No Last swimming level achieved (if known):

May we have permission to take the participant's **photograph or video**, which may be used on the City of Ottawa's public website, in print, electronic media and/or community newspapers for the promotion of City program and services?

Yes  No

### Parent(s)/Guardian(s)/Agency Information

First & Last Name of Parent/Guardian:

Relationship to Participant:

Cell Phone:

Home Phone:

Work Phone:

E-mail

First & Last Name of Parent/Guardian:

Relationship to Participant:

Cell Phone:

Home Phone:

Work Phone:

E-mail

First & Last Name of Emergency Contact:

Relationship to Participant:

Cell Phone:

Home Phone:

Work Phone:

E-mail

### Authorized Program Arrival and Departure

**Arrival** – The participant will:

- Be dropped off     Arrive on their own

**Departure** – The participant will:

- Be picked up     Leave on their own    At what time:  (time authorized to leave)  
 Walk     Bike     Other

Note: Supervision will not be provided outside of designated registered program times. Participants are to arrive and depart solely during the times of the registered program as outlined in the registration confirmation.

### Authorized Participant Pick-up

List the full name of people(s) who are permitted to pick up the participant. The person picking up the participant may be asked to show picture I.D. daily. Persons not listed below will not be permitted to pick up the participant:

**The parent(s), guardian(s) and emergency contact(s) as named above are permitted to pick up the participant.**

1.
2.
3.
4.

**If there are any access or custody restrictions, please provide legal documentation to the Full Time Staff.**

## Health/Special Needs Information

1. Is the participant taking any medication (oral, inhaler, injection, auto-injectors, prescription, non-prescription)?

Yes  No

If yes, please specify:

If yes, please complete the [Medication Administration Request Form](#)

2. Does the participant have any life-threatening allergies?

Yes  No

If yes, please specify:

If yes, please complete the [Medication Administration Request Form](#)

3. Does the participant have any disease or condition for which they are receiving on-going medical treatment?

Yes  No

If yes, please specify:

4. Does the participant receive support at school or have an accommodation?

Yes  No

If yes, please specify:

5. Does the participant have a medical condition or disability (physical, mental health or developmental) that may affect their participation or integration into the program?

Yes  No

If yes or if registered in an Inclusive Recreation program, please note below **AND** complete APPENDIX A.

If YES, it is necessary for you contact the Admin Clerk, Inclusive Recreation Unit at (613) 580-2424 extension 29283 to discuss program and support requirements prior to registration.

Please allow **two weeks** prior to program start date. For detailed contact information please refer to [www.ottawa.ca](http://www.ottawa.ca).

## Disclosure

In order to ensure the safest mode of transportation is provided to a participant, it is essential that the Recreation, Cultural & Facility Services staff have the ability to exchange information regarding the participant's current and ongoing ability to travel in various types of transit vehicles with the following entities:

1. OC Transpo & Para Transpo

2. School bus transportation including the Ottawa Student Transportation Authority (OSTA) and Consortium de transport scolaire d'Ottawa (CTSO)

Therefore, by submitting this Enrolment Form for Extended Recreation & Culture programs, I hereby consent to RCFS staff collecting personal information specific to the participant's ability to travel in various types of transit vehicles from the City departments and agencies noted above for the purpose of administering and managing the Extended Recreation & Culture program.

It is a City of Ottawa policy to allow staff to assist participants with the application of **sunscreen** provided. Upon submitting this Enrolment Form for Extended Recreation & Culture programs:

I, as the parent or legal guardian of the participant named above, give permission for the staff of the City of Ottawa to assist in the application of sunscreen to the participant as named above. I understand that adequate sunscreen coverage will be my full responsibility and not that of the staff. I also understand that I must provide a clearly labeled bottle of approved sunscreen. The City recommends that sunscreen be waterproof, provide UVA/UVB protection, have an SPF of at least 30 and that it contain no **peanut or tree nut** products.

## Permission to Participate, Assumption of Risks, Waiver of Liability & Indemnification Obligation

Please read carefully. By signing this document, you will be assuming risks and waiving certain rights.

### Permission to Participate:

I, as the parent or legal guardian of the participant named above, confirm that this individual is a minor pursuant to the *Age of Majority & Accountability Act*, and provide permission for them to participate in the program or activity noted above. I also confirm that I have been provided with the Conditions of Enrolment for this activity, and agree with these conditions.

### Assumption of Risk and Waiver of Liability:

I fully understand that the program or activity for which I have enrolled the participant may involve personal risk, dangers, and hazards that all participants are required to assume including but not limited to some risk of personal injury caused by physical activity or other participants. Understanding this, I hereby accept on behalf of the participant all risks, dangers, and hazards as well as the possibility of personal injury or other loss resulting from the participant's participation in this program or activity. I agree to release, waive, and discharge the City of Ottawa, as well as its employees, officials, agents, and volunteers, from all liability to me, and to the participant, and to my heirs, executors and administrators, that we have, or may have in the future, for all loss or damage and from any claims or demands for such loss or damage on account of personal illness, injury, and damage including death or property loss, however caused, as a result of the participant's participation in this program or activity.

### Indemnification:

I hereby agree to indemnify and save harmless the City of Ottawa and its employees, officials, agents, and volunteers from any and all liability for any property damage or personal injury to any third party resulting from the participant's participation in this program or activity.

By signing below, I agree with the terms of the permission to participate, the assumption of risk, the waiver of liability, and the indemnification set out above.

\_\_\_\_\_  
Parent/Guardian Printed Name

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant Printed Name if 16 or 17 years of age

\_\_\_\_\_  
Participant Signature if 16 or 17 years of age

\_\_\_\_\_  
Date

Personal information collected on this form or by other means (such as orally, by phone or by email) will be used by authorized Parks, Recreation and Cultural Services staff for the purposes of administering and managing the Extended Recreation and Cultural Programs. My personal information may also be shared with other City of Ottawa departments and agencies in accordance with the "Permissions Granted" section above. Questions about the collection and use of information for sharing information with other city departments may be addressed to Inclusive Recreation City Wide, (613) 580-2424 ext. 29283, [SpecialNeedsCityWide@ottawa.ca](mailto:SpecialNeedsCityWide@ottawa.ca). All other inquiries can be addressed by contacting 3-1-1. Personal information collected on this form is also collected for the administration and management of the City of Ottawa Risk Management and Insurance Program. Questions about this collection and use of information may be addressed to Recreation, Cultural and Facility Services Risk, 100 Constellation Dr., Ottawa, Ontario, K2G 6J8, [prcsrisk@ottawa.ca](mailto:prcsrisk@ottawa.ca).

## Enrolment Form - Appendix A

### for Extended Recreation and Culture Programs

Re: Department of Recreation, Cultural and Facility Services, Policy 8.5.0 Conditions of Enrolment

Please complete **only** if you answered "Yes" to question 5 in the "Health/Special Needs Information" section.

1. Does the participant require assistance with any of the following? Please be specific as to what accommodation is required.

a. Toileting:

\_\_\_\_\_

b. Eating:

\_\_\_\_\_

c. Dressing:

\_\_\_\_\_

d. Vision / Hearing

\_\_\_\_\_

e. Mobility:       Yes       No

If yes, do they:     uses a mobility device independently       requires assistance

f. Ability to communicate:       Yes       No

If yes:       verbal       non-verbal       required supports (such as ASL, PEC's, Visual Schedule)

g. Participation:

Transitions

Remaining with the Group

Changes to Routine

Following Instruction

Motivation

Sensory Overload

Other:

\_\_\_\_\_

h. Behaviour / Conduct:

Aggression toward self

Physical Aggression

Aggression toward others

Ability to Control Emotions

Verbal Aggression

Coping Skills (such as isolating themselves or running away)

Other:

\_\_\_\_\_

2. The participant's likes:

3. The participant's dislikes/fears/or is triggered by:

4. What support does the participant receive at school?

Traditional Class

Traditional Class with 1:1 Support

Traditional Class with Shared Support

specialized class

5. What other agencies or service providers does the participant and/or family receive?

Funding

Speech Therapy

Occupational Therapy

Physiotherapy

Other: \_\_\_\_\_

6. Can you provide any additional information that would increase the success of participation?