



# Enrolment Form

## for Extended Recreation and Culture Programs

Department of Park, Recreation and Cultural Services, Policy 8.5.0 Conditions of Enrolment

Please take the time to complete the 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 staff in the Department of Parks, Recreation and Cultural Services to ensure that proper care and attention is given to the health and safety of the participant.

### Program Information

Program/Activity Name:  Barcode if available:

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

Location of Program/Activity:

### Participant Information

Last Name:  First Name:

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

School/Grade (where applicable):

Address:  City:  Province:  Postal Code:

Can the participant swim in deep water (water that is over his/her head) *without* assistance and *without* the use of a life jacket for 25 meters?  Yes  No  Don't know

Last swimming level achieved (if known):

Note: Participants using life jackets will not be permitted to swim in deep water.

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

Parent(s)/Guardian(s)/Agency Information #1	Parent(s)/Guardian(s)/Agency Information #2	Alternate emergency contact name
First and last name: <input type="text"/>	First and last name: <input type="text"/>	First and last name: <input type="text"/>
Relationship to Participant: <input type="text"/>	Relationship to Participant: <input type="text"/>	Relationship to Participant: <input type="text"/>
Home Telephone: <input type="text"/>	Home Telephone: <input type="text"/>	Home Telephone: <input type="text"/>
Work Telephone: <input type="text"/>	Work Telephone: <input type="text"/>	Work Telephone: <input type="text"/>
Cell Telephone: <input type="text"/>	Cell Telephone: <input type="text"/>	Cell Telephone: <input type="text"/>
E-mail <input type="text"/>	E-mail <input type="text"/>	E-mail <input type="text"/>

### Health / Special Needs Information

- Is the participant taking any medication (oral, injection, prescription, non-prescription or inhaler)?  
 Yes  No (If yes, please complete the [Medication Administration Request Form](#))
- Does the participant have any life-threatening allergies?  
 Yes  No If yes, please specify:
- Does the participant have any medical or environmental disease or condition for which they are receiving on-going medical treatment by a physician?  
 Yes  No If yes, please specify:
- Client Alert Information - Does the participant have a medical condition or disability (physical, mental or developmental) that affects their participation or integration into the program?  
 Yes  No If yes, please complete this form as well as Appendix A.

If YES, it is necessary for you to contact the Special Needs Unit at 613-580-2424, extension 29283 to discuss programs and support requirements prior to submitting your registration. Please allow two weeks notification prior to program start date. For detailed contact information please refer to [Special Needs Page](#), City of Ottawa Parks, Recreation and Cultural Services section).

**Permission Granted**

1. Will the participant:  be picked up?  leave on their own? At what time?

In order to ensure the safest mode of transportation is provided to a participant, it is essential that the Parks, Recreation and Cultural 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 and Para Transpo;
2. Community Social Service which is contracted to provide transportation services on behalf of the City.

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

2. List who is allowed to pick up the participant. (The person picking up the participant may be asked to show picture I.D.)

- a)
- b)
- c)

**If there are any access or custody restrictions, please provide legal documentation to the Program Coordinator.**

3. 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 programs and services?

Yes  No

4. Sun Screen: It is a City of Ottawa policy to allow staff to assist participants with the application of sun screen provided the following has been completed.

I  give permission for the staff of the City of Ottawa to assist in the application of sun screen to

**Permission to Participate:**

I, as the parent or legal guardian of the child named above, confirm that this child is a minor pursuant to the Age of Majority and Accountability Act, and provide permission for him/her to participate in the program or activity noted above.

I also confirm that I have been provided with the conditions of enrolment for this program or 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 my child may involve personal risk, dangers, and hazards which 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 my child all risks, dangers, and hazards as well as the possibility of personal injury or other loss resulting from my child'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 my child, 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 my child'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 my child'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/Legal Guardian - print your name                      Parent/Legal Guardian - sign your name                      Date

\_\_\_\_\_  
Participant - print your name if 16 or 17 years old                      Participant - sign your name if 16 or 17 years old                      Date

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

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 Portfolio Manager, City Wide Special Needs at 613-580-2424 extension 29289, Donna.Quiggin@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 Claims Specialist, 110 Laurier Avenue West, Ottawa, Ontario, K1P 1J1, 613- 580-2424 extension 43093, Maureen.Graham@ottawa.ca.

## Conditions of Enrolment

1. An Enrolment Form must be completed for each participant. If a participant suffers from severe allergies, parents or legal guardian must complete the Medication Administration Request Form, provide two auto-injectors of epinephrine (Epipen® or TwinJect®) and a current photo of the participant.
2. Parents or legal guardians must notify Program Staff of any changes to the information given on the Enrolment Form including medical, physical and emotional health issues and/or custody arrangements.
3. Parents or legal guardians must notify Program Staff if the participant will be late attending the program or absent.
4. Those authorized on the Enrolment Form to pick up the participant will be requested to follow the program's signing-out procedures. **Staff will not release a participant to any person who is not authorized by the parent or legal guardian to do so.** Participants walking to and from the program site will have their arrival and departure information recorded by a staff person.
5. Participants must be picked up and dropped off by the agreed upon time and by those persons authorized to do so unless the participant is allowed to walk or take the bus home.
6. Parents or legal guardians are responsible for the participant before the start of the program and upon arrival when picking up the participant at the end of the program.
7. City of Ottawa attempts to offer an allergen-safe environment. Please do not send the participant with lunches or snacks that may contain nuts, traces of nuts or nut by-products.
8. Participants are responsible for their own belongings. The City of Ottawa shall not be responsible for loss or damage to property belonging to program participants.
9. Participants are not to bring electronic devices, CD Players, toys or similar items unless requested to do so by staff.
- 10. All electronic equipment with photographic capabilities (including cellular telephones) are strictly prohibited.**
11. Participants with behavioral difficulties may require additional support and may be referred to City of Ottawa City Wide Special Needs Services for specialized and individual program planning.
12. Parents/guardians agree to pay for any and all damages intentionally caused by the participant to facility property and/or the property of others.
13. Illegal drugs, alcohol, or weapons are forbidden in City of Ottawa programs.
14. Participants are expected to demonstrate basic respect for the dignity and rights of other program participants and staff. The City of Ottawa reserves the right to immediately suspend or terminate the enrolment of any participant who displays any behavior that violates the following guidelines:
  - Inappropriate behaviour, foul language and aggressive behaviour to other participants and staff is not permitted
  - Respect for City of Ottawa property and the property of others.
15. All participants must comply with Federal, Provincial and Municipal laws and all rules, regulations, policies, procedures and by-laws of the City of Ottawa.

Non-compliance with the Conditions of Enrolment will result in a written warning. If the Conditions of Enrolment continue to be breached, the City of Ottawa reserves the right to immediately discharge the participant.

**Appendix A**

**Please complete if you answered "YES" to question #4 in the section titled Health/Special Needs Information.**

1. Does the participant require assistance with any of the following:

a. Toileting:

b. Eating:

c. Dressing:

d. Vision / Hearing

e. Mobility:

uses a mobility device independently       requires assistance

f. Ability to communicate:       Yes       No

verbal       non-verbal       required supports such as ASL, PEC's, Visual Schedule

g. Participation:

Transitions       changes to routine       motivation

remaining with group       following instruction       sensory overload

h. Behaviour / Conduct:

aggression towards self       aggression towards others       verbal aggression

physical aggression       ability to control emotions       coping skills (such as isolating themselves, running)

i. Other:

2. The participant's favourite activities / things are:

3. The participant's dislikes/fears:

4. What support does the participant receive at school?

regular class       regular class with shared support       regular class with one on one support       specialized class

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

Funding       Occupational Therapy       Speech Therapy       Physiotherapy

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