

Consent to Photograph or Videotape

On occasion throughout the duration of this program, photographs or videos may be taken for the purpose of media or advertising of the program. By signing below, it is acknowledged that pictures of the parent/guardian and/or child may be used for this purpose.

YES I CONSENT

NO I DO NOT CONSENT

Parent/Guardian Initial _____

Attendance Policy

Children are required to stay for the duration of the program unless alternate arrangements have been made with Program administrators. By providing names below as alternative sign-out, the parent/guardian is authorizing the Program administrators to release the child to any of the individuals listed. All parents are expected to make transportation arrangements for their children to and from the facility. Program administrators are not responsible for the supervision of children or their transportation outside of program hours.

Please list all individuals that you give permission to, to act as an alternative sign-out for your child:

Parent/Guardian Initial _____

Release / Waiver

By signing below, I acknowledge that I fully understand the purpose of this program, the type of activities that my child will be participating in, and that I have received and reviewed the basic program schedule and layout. I understand that there are inherent risks with organized games and activities and I accept these risks. I agree to release, discharge and hold harmless the City of Brandon, its staff and agents and the program named above from and against all claims and proceedings with respect to any damage or injury to myself, and/or my child, and/or my property, arising from the provision of these services and activities.

Signatures/Authorization

Signature: x _____

Print Name: _____

Date: _____

Signature: x _____

Print Name: _____

Date: _____

If you have any questions, please feel free to contact us at 204-729-2515 or justinefriesen@brandon.ca

Completed forms can be brought to the school office.

THE FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (FIPPA) & PERSONAL HEALTH INFORMATION ACT (PHIA)

The City of Brandon collects personal information and personal health information in the course of admission, registration, and related activities for the provision of its programs. This information is collected under the authority of The Freedom of Information and Protection of Privacy Act (FIPPA), The Personal Health Information Act (PHIA) and City of Brandon Policies and Procedures.