

Spring & Summer 2019

Participants Name:

Please register in the program.
Register online at www.burnaby.ca/webreg or in person at a Community Centre.

Once registered, ALL participants must complete an **Adapted Program Support Package**. These forms are required two to three weeks prior to program start. Save time and help ensure a quality experience for your child by taking a moment to complete all forms when registering. Once complete, mail or drop-off the forms to the appropriate community centre or email to the programmer.

Front Line Staff Use - Support Information

This participant has:

Life-threatening allergy: _____ Other (specify): _____

Front Line Staff Use - Registration Information

Forms mailed to participant:

Date: _____

Staff Initial: _____

Forms received:

Site: _____

Date: _____

Staff Initial: _____

Forms forwarded:

Site: _____

Date: _____

Staff Initial: _____

Programs are listed alphabetically by location

Circle or "v" each camp week being registered for

| Programmer: | Program Name | Location | July 10 | July 17 | July 24 | July 31 | Aug 7 | Aug 14 | Aug 21 |
|--|---|----------------------------|------------------------|-------------------------|-----------------------|---------|-------|--------|--------|
| Programmer: Kelli Tibbles email: kelli.tibbles@burnaby.ca | CAMP SPECTACULAR (19+ yrs) | South Central Youth Centre | | | | | | | |
| Programmer: Carmela Cavaleri email: carmela.cavaleri@burnaby.ca | KARAOKE NIGHT (19+ yrs) | Willingdon Centre | | | June 13 | | | | |
| | Social Club (19+ yrs) | Willingdon Centre | | April 18 | | July 4 | | | |
| Programmer: Allison Sanderson email: allison.sanderson@burnaby.ca | SWIMMING LESSONS (3-14 YRS) | CG Brown | April 1 (Beginner) | April 29 (Beginner) | May 27 (Beginner) | | | | |
| | | | April 1 (Intermediate) | April 29 (Intermediate) | May 27 (Intermediate) | | | | |
| | | | April 1 (Preschool) | April 29 (Preschool) | May 27 (Preschool) | | | | |
| Programmer: Kelli Tibbles email: kelli.tibbles@burnaby.ca | MUSIC EXPLORATIONS | Bonsor Recreation Complex | April 1 (5-12 yrs) | April 1 (13+ yrs) | | | | | |
| | SHALL WE DANCE? (18+ yrs) | Bonsor Recreation Complex | | April 10 | | | | | |
| | SPORTS MANIA (18+ yrs) | Bonsor Recreation Complex | | April 4 | | | | | |
| | STEPPING OUT ON THE TOWN (18+ yrs) | Bonsor Recreation Complex | | April 5 | | | | | |
| | THEATRE TIME (18 + yrs) | Bonsor Recreation Complex | | April 9 | | | | | |

Personal Information is collected and used under the authority of the Freedom of Information and Protection of Privacy Act s. 26 (c) for the purpose of administering parks, recreation and cultural programs. For more information, contact the Admin Office 604 294 7450.

PROGRAM SUPPORT

The information helps City of Burnaby staff determine what support is necessary and available for this participant.

- Please complete this form and give it to the staff responsible for each program, well in advance of the start date, so that we can ensure a safe and enjoyable experience.
- If you haven't already done so, you will also need to complete a Participant Profile Form. Forms are available at Burnaby registrations locations or go to our website, www.burnaby.ca/forms.
- Additional documents may be required, depending on the needs identified.

Please Note: The standard response in the event of a medical emergency is to call 9-1-1, then call the parent or guardian. The information on this form is for staff use. Information on this form may also be provided to 9-1-1 personnel in the event of an emergency.

ACCESSIBLE RECREATION

We are committed to providing opportunities for people with disabilities to get involved in the recreation activities of their choice. We aim to:

Advocate on behalf of people with disabilities
Assist individuals with accessing their choices
Educate the public and staff about disability issues.

Refer to the following documents for information on support options:

Information for participants – with disabilities

This section is for STAFF use only.

Participant Name: _____
First Name Last Name

Participant Name: _____ Phone: _____
First Last

Program Name: _____ Program Location: _____

PROGRAM SUPPORT ASSESSMENT – Participants with Disabilities

a. Please describe disability: _____

b. What support/accommodations are required in order to take part in activities?

c. Communication ability: Verbal Non-verbal Signing Other (Please describe)

d. Personal care required and/or medications used:

e. Who will provide this care and/or administer the medications?
(City Staff/Volunteers cannot administer medications nor provide personal care)

Additional information that can help us ensure an enjoyable and satisfying experience for your child:

I declare that the information provided on this form is complete and accurate, and I am responsible for keeping this information up-to-date.

Signature of participant (19yrs & older)
or parent/guardian/caregiver

Date

**WAIVER, RELEASE, AND INDEMNITY
FOR ADULT PARTICIPANTS NINETEEN (19) AND OLDER**
(Read Carefully Before Signing)

BETWEEN: The City of Burnaby (the City)

AND: _____
(The Participant)

The City requires this form to be completed as a means of confirming that every participant has considered and is aware of the duty they owe to themselves and to all other participants to be informed and aware of the risks inherent in the chosen activity and to carefully consider those risks against their personal ability and level of fitness. This is for the protection of the Participant, other participants, the public, and the City.

I, THE UNDERSIGNED Participant, do hereby acknowledge that I am aware that there are elements of risk inherent to this or any activity; that I have informed myself to my own satisfaction of the nature of the risks inherent to the particular program or activity named below and agree as follows:

PARTICIPANT TO INDEMNIFY AND SAVE HARMLESS:

That in consideration of the fee to be paid and instruction or other services to be provided, and excepting only the sole negligence of the City, I hereby agree to Indemnify and Save Harmless the City and its officers, servants, agents, and co-sponsoring organizations from any claims, demands, and causes of action that may arise out of my participation in the program named below.

PARTICIPANT TO RELEASE AND WAIVE CLAIMS:

That on behalf of myself, my heirs and assigns, and excepting only the sole negligence of the City, I hereby Release, Waive, and forever discharge the City and its officers, servants, agents, and co-sponsoring organizations, from all claims, costs, causes of action, or demands that may arise out of any incident, accident, or other occurrence that may result in personal or bodily injury, loss of life, property loss, or any other damages to any person by or through my participation in the program identified below.

| |
|--|
| <p>Program Name: (or see attached)</p> <p>_____</p> <p>Program Type:</p> <p>_____</p> <p>Co-Sponsors:</p> <p>_____</p> <p>Program Dates:</p> <p>_____</p> <p>Location:</p> <p>_____</p> |
|--|

DATED THIS _____ day of _____, 20____.

This is the City's standard form of Waiver for participants and cannot be altered.

(Signature of Participant)

(Reviewed for Completeness by Staff)