

PERSONAL INFORMATION FORM ADVENTURE CHALLENGE

SECTION A

PARTICIPANT'S NAME: _____ DOB: _____
ADDRESS: _____

GUARDIAN NAME #1: _____ DAY PHONE: _____
WORK PHONE: _____ CELL PHONE: _____
EMAIL: _____ CUSTODY: YES NO (please circle one)

GUARDIAN NAME #2: _____ DAY PHONE: _____
WORK PHONE: _____ CELL PHONE: _____
EMAIL: _____ CUSTODY: YES NO (please circle one)

EMERGENCY CONTACT (other than guardian): _____ CONTACT NUMBER: _____

AUTHORIZED PICK-UP PERSON(S): _____

Youth is authorized to sign his/herself in/out to and from program Yes ___ No ___

PLEASE IDENTIFY IF YOUR CHILD HAS ANY SPECIAL NEEDS: _____

DOES YOUR CHILD REQUIRE A SUPPORT WORKER BASED ON SPECIAL NEED: YES NO (please circle one)

PLEASE LIST ANY HEALTH CONCERNS OR ALLERGIES: _____

PLEASE LIST ANY DIETARY REQUIREMENTS: _____

PLEASE LIST ANY MEDICATION(S) YOUR CHILD IS REQUIRED TO TAKE DURING CAMP:

FAMILY DOCTOR'S NAME: _____ PHONE: _____

SECTION B

MEDICAL STATEMENT

I, _____ (guardian) give permission for the Recreation Staff to give _____
(child's name) the following medication _____ (name) at the following time(s) _____.

All medication(s) must be in its original container with the child's name and dosage requirements clearly visible. Any medication not in its original container will NOT be accepted. Please sign in medication to Front Desk upon arrival. NO medication is to be left in a child's bag or in any other uncontrolled environment for health and safety reasons. If child is registered for Extended Care, please request that the Counsellor Staff assist you at the front desk to in order to secure medication(s) in a safe place.

Recreation Complex
CFB Petawawa

CAC #: _____
Expiry Date: _____

SECTION C
WAIVER FOR TRAVEL ON DND MSE

I (name) _____ INIT _____, of the City/Town of _____ in the Province of Ontario, in consideration of being permitted to travel in DND administrative transport. On behalf of myself and my heirs, executors, administrators and assigns, do hereby remise, release and forever discharge HER MAJESTY THE QUEEN IN RIGHT OF CANADA, Her officers, servants and members of her Canadian Forces, of and from all manner of actions, causes of action, suits, debts or demands of whatsoever kind of nature which against Her Majesty I ever had, now have, shall or may have hereafter as a result of my presents as a passenger in DND administrative transport.

Passenger(s) Name(s) for all under age of 18 yrs. _____

IN WITNESS WHEREOF I have here to set my hand and seal this _____ day of _____ 200 ____.

(passenger OR Parent/Legal Guardian for under 18yrs.)

SIGNED SEALED and
DELIVERED IN THE
PRESENCE OF:

Witness