

Drop In Participation Form 1

Personal information on this form is collected under the authority of Section 11 of the Municipal Act, 2001 and will be used for the purpose of administering and review of the *Let's Play in the Park* program. Questions about the collection of this information should be directed to the Manager, Recreation and Parks, Customer Service, 950 Burnhamthorpe Road West, Mississauga ON L5C 3B4, telephone 905-615-4100. **PLEASE PRINT CLEARLY.**

Participant Information:

First Name _____ Last Name _____

Home Phone # _____ DOB _____ Gender M / F

Address House # _____ Suite/Apt # _____ Postal Code _____

Street Name _____ City _____

Parent/Guardian (In Case of Emergency):

Name _____

Home # _____ Cell # _____

Email _____

Name _____

Home # _____ Cell # _____

Email _____

(This information is collected under the municipal act 2001.S.O.2001,c.25, for program feedback)

Life Threatening Allergies/Medications Procedures: City staff will not administer and/or maintain medications. City staff will assist in administering Epinephrine (only) in the case of life-threatening allergies and will call 911 immediately if they suspect a potentially life-threatening allergic reaction.

The following participant has a life threatening allergy: ☐ Yes ☐ No

If yes, please complete the following information:

Participant's Full Name (print): _____

This person has a potentially life-threatening allergy (anaphylaxis) to: _____

What medication do they use: _____

I agree that my child will carry two (2) doses of Epinephrine with them at all times on their person, in a waist pouch, and the child should be capable of self-administering the epinephrine.

Parent/Guardian Signature _____

Date: _____

Participation Waiver Form 2

PLEASE READ CAREFULLY BEFORE SIGNING

The Corporation of the City of Mississauga and Mississauga Fire & Emergency Services (jointly hereinafter the "City"), its employees, Mayor and Members of Council, leaders, volunteers, and volunteer leaders (hereinafter the "Released Parties") The Let's Play in the Park program delivered by The City of Mississauga, Recreation (hereinafter the "program").

I fully understand and agree to the following:

Assumption of Risks: Participation in the Let's Play in the Park program involves various risks, dangers and hazards which all participants/parents guardians are required to assume that are usual to outdoor child play or activities usual to group games using balls, Frisbees etc. I hereby freely accept and fully assume all such risks, dangers and hazards and the possibility of personal injury, death, property or loss resulting from my child participating.

Consent to Medical Treatment: I agree to hereby give permission to allow the City and the Released Parties to arrange for any emergency medical care including hospitalization and transportation, if necessary, to the administration of such emergency medical treatment as may be deemed necessary in the circumstances for my child. I agree to pay all costs associated with medical care and transportation on behalf of my child.

Release: In consideration of being granted permission to participate in the above-noted Program, I hereby for myself, my heirs, executors, administrators, or any others who may claim on my behalf, covenant not to sue, and hereby waive, release and discharge the City and the Released Parties from any and all claims of liability for personal injury, illness, loss of life or property damage of any kind or nature, arising out of or sustained in the course of my child's participation.

Indemnity: In consideration of being granted permission to participate in the above-noted Program, I agree to hold harmless and indemnify the City and the Released Parties from any and all liability, loss, claims, demands, costs and expenses, including reasonable legal fees, due to any personal injury or property damage to any third party arising from my child's participation in the Program.

Article I. I AM AWARE OF THE NATURE AND EFFECT OF THIS ASSUMPTION OF RISKS, CONSENT TO MEDICAL TREATMENT, RELEASE, INDEMNITY AND FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

I am the parent or legal guardian of the participant who I certify is under the age of 18. I also certify that I have the legal authority to represent and bind the Participant/Volunteer. I have read this waiver and understand the nature and extend of the risks involved and, on behalf of the Participant/Volunteer, voluntarily agree to be bound by its contents.

Signature of Parent or Legal Guardian

Print Name Clearly

Date

Participant Code of Conduct Form 3

- Each participant will check in with leaders upon arrival
- Each participant will check out with leaders when they decide they are leaving the activities
- All participants will respect staff, other participants and equipment
- Participants will use appropriate language while on City of Mississauga property
- No weapons of any sort will be permitted on City of Mississauga property. The City will take appropriate measures with anyone found concealing a weapon, including contacting Peel Police
- Parents/Guardians will be contacted in cases where children are behaving inappropriately or irresponsibly

I, _____ understand that to participate in the Let's Play in the Park program, my child must follow the 'code' as outlined above. Consequences for breaking the code of conduct may include being banned from the Let's Play in the Park program or any City of Mississauga property.

Parent/Guardian Signature _____

Date: _____

Drop In Arrival and Dismissal Form 4

Safe Arrival and Dismissal: Recreation staff are not responsible for children before or after program activities, including the child's transportation to and from the park.

To ensure safe dismissal of your child from the Let's Play in the Park drop in program, please provide the following information.

**Pick up times for the AM program is 12 pm and the PM program is 4 pm.
Please be on time - future participation may be restricted upon late pick-up.**

Indicate preferred release type:

- ☐ My child may leave the program unescorted at any time
- ☐ My child will be picked up by one of the listed Parent/Guardians
- ☐ My child can be released to any of those listed below
(i.e. sibling, grandparent, babysitter)

First Name _____

Last Name _____

First Name _____

Last Name _____

First Name _____

Last Name _____

First Name _____

Last Name _____

Photo ID is required when picking up your child.

Parent/Guardian Signature _____

Date: _____