

LEISURE FRIEND PARTICIPANT PROFILE

Date: _____

PLEASE NOTE: The information on this form is for staff use. The standard response in the event of a medical emergency is to call 9-1-1, then call the parent or guardian. Information on this form may also be provided to 911 personnel in the event of an emergency.

A. REGISTRATION & CONTACT INFORMATION

This information is used by staff for registration processing as well as for general and emergency contact information.

Participant's Name: _____ Telephone: _____

Address: _____ Postal Code: _____

Date of Birth: Month ____ Day ____ Yr ____ Age: _____ Male Female

Name of Parent/Guardian: _____

Telephone: _____ Work: _____ Cell: _____ Email: _____

Language (other than English): _____

Emergency Contact: _____

Telephone: _____ Work: _____ Cell: _____

Contact Details: _____

Doctor's Name: _____ Telephone: _____

B. SPECIAL CONDITIONS SUPPORT INFORMATION

Participants with a Disability

- 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. Behaviors that staff should be aware of (eg. Fear, aggression): _____

- e. Recommended strategy for dealing with this behavior: _____

- f. Personal care required and/or medication used: _____

- g. Who will provide this care and/or administer the medications? **Volunteers/Municipal Staff CANNOT administer regular medications.** _____

C. GENERAL SERVICE SUPPORT INFORMATION

This information provides staff with details about conditions that are not life-threatening, but may be considered in advance.

- a. Preferred gender of volunteer? Male Female No Preference _____
- b. Describe your ideal volunteer: _____
- c. What program/activity are you interested in: _____

Participants with Life-Threatening Condition (anaphylaxis)

Please be specific when detailing allergens and the method(s) of exposure.

Condition(s)	Method(s) of Exposure
<i>e.g. life-threatening allergy to peanuts</i>	<i>e.g. exposure through eating, touch, smell</i>

What type of emergency medication does this participant carry?

Day Camps Only: Are you requesting staff assistance with emergency medications? Yes No

PHOTO RELEASE

As our Leisure Guide and other promotional materials are dynamic in nature, we are always taking photographs in and around Delta. These photos will be used in the future, in a variety of formats to promote Parks, Recreation and Culture opportunities and their positive benefits to the community.

I hereby give permission for the Delta Parks, Recreation & Culture Department to use the photograph of _____ for publicity purposes, possibly on the Municipality of Delta's Website to promote the benefits of Parks, Recreation & Cultural Services.

Please attach any 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 (19 years & older)
or parent/guardian/caregiver

Date