

AGP Participant Health and Information Form: Children and Youth Programs - 2024

Required fields are marked with asterisks (*)

The City of Peterborough undertakes to safeguard your child while they participate in this registered program. Activities are offered by personnel at the Art Gallery of Peterborough site. Families are asked to review the general program protocols for activities provided on the Art Gallery of Peterborough's [website](#)

Completion of this form is mandatory for each child or youth (under 18) participating in the program and is to be submitted prior to the start of the program.

Access to the program will be denied otherwise, regardless of registration being completed. The information collected on this form will remain valid and on file for the remainder of the 2024 calendar year. Any future programs in 2024 attended by the individuals covered on this form will not need to complete another copy.

Notice of Collection

Personal information is being collected under authority of the Municipal Act, c. 25, and will be used for the purposes of managing your account/memberships and any other transactions that you make (e.g. registrations and bookings), communicating with you regarding these matters, and administering and managing City-run programs, and facilities. For questions regarding online registration for City-run programs, please contact the PSWC Facility Manager at 705-742-0050 x 2204, or wellnesscentre@peterborough.ca. For questions regarding the collection, use or disclosure of this personal information, please contact the City's FOI and Privacy Coordinator at 705-742-7777 x 1797, or clerks@peterborough.ca. Please review the City's Terms of Use & Privacy Statement for more information.

Participant's First name*

Last name*

Date of Birth (dd/mm/yyyy)*

Gender Identity* Male Female Other

Preferred pronouns*

Do you provide express consent for the Art Gallery of Peterborough to include your email in its mailing list for reminders of upcoming events, exhibitions, and programming?

Yes

Medical Information

We protect and respect the privacy of our participants. Personal Information is used to communicate within our facility and to provide the appropriate health care of participants in our programs. We do not provide or sell this information outside our facility. For further information, please contact Education Programming Coordinator.

Please list any medical conditions, allergies, behaviours, strategies, exceptionalities, and/or special instruction for your child? (Please indicate if none)*

Does your child require prescription medication such as puffers, epi-pens, etc.??*

Yes No

Please note:

If you answered “Yes,” please contact us for an “**Administration of Medication Authorization Form**” to be completed prior to the beginning of the program.

Assistive Support

If your child requires 1:1 supervision, please provide the name of the adult that will be attending the program with the child, as well as copy of a current police and vulnerable sector screening. The adult attending this program will be required to adhere to all program protocols that are mandatory for the participants and families.

Does your child require assistive support?*

Yes No

Primary Contact Information

The program requests that the primary contact complete drop-off and pick-up each day, for the duration of the program for all children listed on this form. A secondary contact may be listed and will be considered the first emergency contact if the primary contact cannot be reached.

Name of parent or guardian (first and last)*

Email address*

Cell phone*

Daytime phone number*

Ext.

Name of parent or guardian (first and last)*

Email address*

Cell phone*

Daytime phone number*

Ext.

Pick-up and Alternative Emergency Contact Authorization

Please list any alternative caregivers that are authorized to respond to an emergency for the child listed on this form in the event that the primary caregivers cannot be reached.

Name (first and last)

Relationship

Daytime phone number*

Ext.

Name (first and last)

Relationship

Daytime phone number*

Ext.

Please list any special instructions

Are there any special custody arrangements for the family that program staff should be aware of?

Yes

No

Please list any special custody arrangements.

City of Peterborough Release, Waiver and Indemnity

The Participant (or parent or guardian if Participant is under the age of 18) voluntarily assumes any risk of injury or damage in connection with the use of services and facilities, and releases, discharges, and agrees to indemnify and save harmless the City of Peterborough and its employees, agents, and volunteers from any liability, claim, demand, or cost whatsoever incurred arising out of the participation of the Participant in the Program at the facility.

I have read the Release, Waiver and Indemnity as stated above and agree to the terms*

I agree

AGP Photography Policy

In the course of all program activities, the AGP may take photos and audio and/or visual recordings. We reserve the right to use all photographs and videos of our programs, participants, special events and facilities for promotional purposes. If you do not wish to have your child(ren) to have their photograph taken, you must inform the Education Programming Coordinator in writing prior to the program start.

I have read the AGP Photography Policy as stated above and agree to the terms*

I agree

Please Read Carefully

By checking agree below I/we confirm that my/our child has permission to participate in all program activities including those supervised trips and activities (if trips are a component of your child's program) not on the City of Peterborough property. I/we on behalf of my/our child, understand the nature of these activities and I/we hereby:

- permit my/our child(ren) to participate in all program activities, including supervised offsite trips and activities if required of camp program;
- understand the nature of the programming activities and certify that the information in this document is true and correct, and agree to disclose any and all information which would prevent or limit the participant from full participation or success within the program;
- agree to permit camp staff to act on my behalf in case of emergency;
- understand and will abide by the conditions of registration, and the policies and procedures of the City of Peterborough Recreation Division;
- certify that as an individual parent/guardian agreeing to these terms, I am acting as an agent of the other parent(s)/guardian(s) and have the authority to execute this agreement on their behalf.

I have read the above and agree to the terms*

I agree

Signature of Parent/Guardian*

Date*