

REGISTRATION and EMERGENCY CONTACT INFORMATION

Participants Name _____ Birth date _____

Parent's Name _____

Address _____

Phone # _____ Phone # _____

E-mail _____

List a second emergency contact number if the above named parent cannot be reached.

Name _____ Relationship _____

Phone # _____ Alternate phone # _____

Allergies to drugs, food, insect bites, etc: _____

Carries Epi-pen

List medical conditions which may affect the participants ability to participate in activities (such as asthma, heart disease, diabetes)

 Carries Ventolin inhaler

Do you require a bike and helmet to be provided Yes/No

If yes Please provide your height _____

Consent

When you register, or otherwise give us personal information, TFKO will not share that information with third parties without your permission. To accomplish our goals, Trips For Kids Ottawa from time to time sends press releases and photographs to the media (newspaper, radio, television and the internet) and uses photos in our own publications. I hereby authorize Trips For Kids Ottawa to use any photos taken of me/my child during Trips For Kids Ottawa activities.

Signature of parent _____

To obtain funding for our program, Trips For Kids Ottawa needs to show that we are having an impact on the kids who participate. Please initial here _____ if you agree that your child may participate in surveys for program evaluation purposes.