

PacificSport Okanagan 2026
Consent Form for Youth Programs

*****MUST RETURN TO COORDINATOR THE FIRST DAY OF PROGRAM*****

Program: _____

Date(s): _____ **Child's name** (first and last): _____

Program Consent: By signing below, I am giving consent that my child may participate in the PacificSport Okanagan program listed above. In consideration of enrollment in the above program, I waive and release any and all rights of claim for damages I may have or acquire against PacificSport and Sport Kelowna and its officers, agents, servants, instructors, employees, and volunteers for any and all injuries, infections, and sickness suffered by me and I acknowledge the rules laid down by this program governing its operation and that it remains the sole responsibility of the participant to act and govern himself/herself in such a manner as to be responsible for his/her own safety.

Transportation Consent:

I understand that some of PacificSport Okanagan's programs will require that my child be transported away from the base site. I understand that all safety precautions will be taken when transporting my child off site and I give permission for this to occur.

Emergency Treatment:

In the case of illness or accident of my child, and I cannot be reached by phone, I hereby authorize PacificSport Okanagan's program staff to send for or seek medical assistance. I agree that in the case of an EMERGENCY, PacificSport Okanagan's program staff may call upon the local hospital or ambulance. I understand that all costs incurred will be my responsibility as the parent/guardian.

This waiver and all information included on the attached forms which includes medical and contact information will be valid until December 31, 2026. It is my responsibility to inform PacificSport Okanagan in writing with any changes to this information in the one-year term (January 1, 2026, to December 31, 2026).

ALL PARTICIPANTS UNDER THE AGE OF 19 MUST OBTAIN A PARENT/GUARDIAN'S CONSENT IN THE SPACE BELOW:

Parent/Guardian's Name

Parent/Guardian's Signature

Date

Email

My child can have pictures and/or video taken

YES NO

There may be photos or video taken during the camp activities. Please sign on the line below to give the PacificSport Network of Centres permission to use any promotional photos or video that may include your child.

YES! Please add me to your email list to receive future program information applicable for my child.

MEDICAL REPORT AND WAIVER FORM

Program: _____ Date(s): _____

MUST RETURN TO YOUR INSTRUCTOR THE FIRST DAY OF PROGRAM

For the health, safety, and comfort of the participant, it is required that this form be filled out accurately. Please answer all questions.

NAME: _____ AGE: _____ GENDER: _____

ADDRESS: _____

MEDICAL #: _____

MEDICATION: If the applicant is under medication, please list below:

GENERIC NAME	DOSAGE	TIME GIVEN

IS THIS PERSON SUBJECT TO ALLERGIES? YES NO

SPECIFY ALLERGIES:

TREATMENT REQUIRED: _____

IS THIS PERSON EPILEPTIC? YES NO

If yes, please elaborate as to type, frequency, any factors likely to cause seizure, and the effectiveness of medication:

IS THIS PERSON A DIABETIC? YES NO

If yes, please indicate any special diet:

HAS THIS PERSON RECEIVED A TETANUS IMMUNIZATION? YES (date: _____) NO

Please list any precautions or physical limitations that may affect yours or your child's enjoyment and learning, i.e. joint problems, previous injuries, etc. If you have any other information that may be of assistance to the instructor, we would appreciate it if you would inform us.

**Pertinent information to note about your child's participation in this program:

IN CASE OF EMERGENCY, CONTACT:

NAME: _____ PHONE: _____

ADDRESS: _____

NAME OF DOCTOR: _____ PHONE: _____