



# Enrolment Form

## for Extended Recreation and Culture Programs

Re: Department of Recreation, Cultural and Facility Services, Policy 8.5.0 Conditions of Enrolment

Please take the time to complete this form carefully. This information is personal and confidential, and with the exception of certain situations set out in this form, will only be used by Recreation, Cultural and Facility Services (RCFS) staff to ensure that proper care and attention is given the health and safety of the participant.

### Program Information

Program/Activity Name:	<input type="text"/>
Barcode (if available):	<input type="text"/>
Date(s) of Program (DD/MM/YYYY):	<input type="text"/>
Location of Program:	<input type="text"/>

### Participant Information

Last Name:	<input type="text"/>	Middle Initial:	<input type="text"/>	First Name:	<input type="text"/>
Home Telephone:	<input type="text"/>	Gender:	<input type="text"/>	Date of Birth (DD/MM/YYYY):	<input type="text"/>
School/Grade (where applicable):	<input type="text"/>				
Address:	<input type="text"/>				
City:	<input type="text"/>	Province:	<input type="text"/>	Postal Code:	<input type="text"/>
				Age:	<input type="text"/>

**For Applicable Programs/Activities:** Can the participant **swim in deep water** (water over their head) **without** assistance and **without** the use of a life jacket for 25 meters? Swim test may be required. Participants using lifejackets will not be permitted to swim in deep water.

☐ Yes ☐ No Last swimming level achieved (if known):

May we have permission to take the participant's **photograph or video**, which may be used on the City of Ottawa's public website, in print, electronic media and/or community newspapers for the promotion of City program and services?

☐ Yes ☐ No

### Parent(s)/Guardian(s)/Agency Information

First & Last Name of Parent/Guardian: <input type="text"/>	First & Last Name of Parent/Guardian: <input type="text"/>	First & Last Name of Emergency Contact: <input type="text"/>
Relationship to Participant: <input type="text"/>	Relationship to Participant: <input type="text"/>	Relationship to Participant: <input type="text"/>
Cell Phone: <input type="text"/>	Cell Phone: <input type="text"/>	Cell Phone: <input type="text"/>
Home Phone: <input type="text"/>	Home Phone: <input type="text"/>	Home Phone: <input type="text"/>
Work Phone: <input type="text"/>	Work Phone: <input type="text"/>	Work Phone: <input type="text"/>
E-mail <input type="text"/>	E-mail <input type="text"/>	E-mail <input type="text"/>

### Authorized Program Arrival and Departure

**Arrival** – The participant will:

☐ Be dropped off    ☐ Arrive on their own

**Departure** – The participant will:

☐ Be picked up    ☐ Leave on their own    At what time:  (time authorized to leave)  
☐ Walk    ☐ Bike    ☐ Other

Note: Supervision will not be provided outside of designated registered program times. Participants are to arrive and depart solely during the times of the registered program as outlined in the registration confirmation.

### Authorized Participant Pick-up

List the full name of people(s) who are permitted to pick up the participant. The person picking up the participant may be asked to show picture I.D. daily. Persons not listed below will not be permitted to pick up the participant:

☐ The parent(s), guardian(s) and emergency contact(s) as named above are permitted to pick up the participant.

1.
2.
3.
4.

If there are any access or custody restrictions, please provide legal documentation to the Full Time Staff.

### Health/Special Needs Information

1. Is the participant taking any medication (oral, inhaler, injection, auto-injectors, prescription, non-prescription)?

☐ Yes    ☐ No    If yes, please specify:

If yes, please complete the [Medication Administration Request Form](#)

2. Does the participant have any life-threatening allergies?

☐ Yes    ☐ No    If yes, please specify:

If yes, please complete the [Medication Administration Request Form](#)

3. Does the participant have any disease or condition for which they are receiving on-going medical treatment?

☐ Yes    ☐ No    If yes, please specify:

4. Does the participant receive support at school or have an accommodation?

☐ Yes    ☐ No    If yes, please specify:

5. Does the participant have a medical condition or disability (physical, mental health or developmental) that may affect their participation or integration into the program?

☐ Yes    ☐ No    If yes or if registered in an Inclusive Recreation program, please note below **AND** complete APPENDIX A.

If YES, it is necessary for you contact the Admin Clerk, Inclusive Recreation Unit at (613) 580-2424 extension 29283 to discuss program and support requirements prior to registration.

Please allow **two weeks** prior to program start date. For detailed contact information please refer to [www.ottawa.ca](http://www.ottawa.ca).

## Permission to Participate, Assumption of Risks, Waiver of Liability & Indemnification Obligation

Please read carefully. By signing this document, you will be assuming risks and waiving certain rights.

### Permission to Participate:

I, as the parent or legal guardian of the participant named above, confirm that this individual is a minor pursuant to the *Age of Majority & Accountability Act*, and provide permission for them to participate in the program or activity noted above. I also confirm that I have been provided with the [Conditions of Enrolment](#) for this activity, and agree with these conditions.

### Assumption of Risk and Waiver of Liability:

I fully understand that the program or activity for which I have enrolled the participant may involve personal risk, dangers, and hazards that all participants are required to assume including but not limited to some risk of personal injury caused by physical activity or other participants. Understanding this, I hereby accept on behalf of the participant all risks, dangers, and hazards as well as the possibility of personal injury or other loss resulting from the participant's participation in this program or activity. I agree to release, waive, and discharge the City of Ottawa, as well as its employees, officials, agents, and volunteers, from all liability to me, and to the participant, and to my heirs, executors and administrators, that we have, or may have in the future, for all loss or damage and from any claims or demands for such loss or damage on account of personal illness, injury, and damage including death or property loss, however caused, as a result of the participant's participation in this program or activity.

### Indemnification:

I hereby agree to indemnify and save harmless the City of Ottawa and its employees, officials, agents, and volunteers from any and all liability for any property damage or personal injury to any third party resulting from the participant's participation in this program or activity.

By signing below, I agree with the terms of the permission to participate, the assumption of risk, the waiver of liability, and the indemnification set out above.

Parent/Guardian Printed Name

\_\_\_\_\_  
Parent/Guardian Signature

Date (DD/MM/YYYY)

Participant Printed Name if 16 or 17 years of age

\_\_\_\_\_  
Participant Signature if 16 or 17 years of age

Date (DD/MM/YYYY)

Personal information collected on this form will be used by authorized Recreation, Culture & Facility staff for the purposes of administering and managing the Extended Recreation and Cultural Programs. Questions about the collection and use of information for sharing information with other city departments may be addressed to [RCFS/DGLCIRisk@ottawa.ca](mailto:RCFS/DGLCIRisk@ottawa.ca). All other inquiries can be addressed by contacting 3-1-1.

## Enrolment Form - Appendix A

### for Extended Recreation and Culture Programs

Re: Department of Recreation, Cultural and Facility Services, Policy 8.5.0 Conditions of Enrolment

Please complete **only** if you answered "Yes" to question 5 in the "Health/Special Needs Information" section.

1. Does the participant require assistance with any of the following? Please be specific as to what accommodation is required.

a. Toileting:

\_\_\_\_\_

b. Eating:

\_\_\_\_\_

c. Dressing:

\_\_\_\_\_

d. Vision / Hearing

\_\_\_\_\_

e. Mobility: ☐ Yes ☐ No

If yes, do they: ☐ uses a mobility device independently ☐ requires assistance

f. Ability to communicate: ☐ Yes ☐ No

If yes: ☐ verbal ☐ non-verbal ☐ required supports (such as ASL, PEC's, Visual Schedule)

g. Participation:

☐ Transitions

☐ Remaining with the Group

☐ Changes to Routine

☐ Following Instruction

☐ Motivation

☐ Sensory Overload

☐ Other:

\_\_\_\_\_

h. Behaviour / Conduct:

☐ Aggression toward self

☐ Physical Aggression

☐ Aggression toward others

☐ Ability to Control Emotions

☐ Verbal Aggression

☐ Coping Skills (such as isolating themselves or running away)

☐ Other:

\_\_\_\_\_

2. The participant's likes:

\_\_\_\_\_

3. The participant's dislikes/fears/or is triggered by:

\_\_\_\_\_

4. What support does the participant receive at school?

☐ Traditional Class

☐ Traditional Class with 1:1 Support

☐ Traditional Class with Shared Support

☐ Specialized class

5. What other agencies or service providers does the participant and/or family receive?

☐ Funding

☐ Speech Therapy

☐ Occupational Therapy

☐ Physiotherapy

☐ Other: \_\_\_\_\_

6. Can you provide any additional information that would increase the success of participation?

## Conditions of enrolment

1. An Enrolment Form must be completed for each participant. If a participant suffers from severe allergies, parents or legal guardian must complete the Medication Administration Request Form, provide two auto-injectors of epinephrine (i.e. EpiPen®) and a current photo of the participant.
2. Parents or legal guardians must notify Program Staff of any changes to the information given on the Enrolment Form including medical, physical and emotional health issues and/or custody arrangements.
3. Parents or legal guardians must notify Program Staff if the participant will be late attending the program or absent.
4. Those authorized on the Enrolment Form to pick up the participant will be requested to follow the program's signing-out procedures. Staff will not release a participant to any person who is not authorized by the parent or legal guardian to do so. Participants walking to and from the program site will have their arrival and departure information recorded by a staff person.
5. Participants must be picked up and dropped off by the agreed upon time and by those persons authorized to do. In cases where the participant is underage and has permission to leave on their own, parents or legal guardians will provide the time the minor should be expected to arrive and the time they are allowed to leave the program.
6. Parents or legal guardians are responsible for the participant before the start of the program and upon arrival when picking up the participant at the end of the program.
7. City of Ottawa attempts to offer an allergen-safe environment. Please do not send the participant with lunches or snacks that may contain nuts, traces of nuts or nut by-products.
8. Participants are responsible for their own belongings. The City of Ottawa shall not be responsible for loss or damage to property belonging to program participants.
9. Participants are not to bring electronic devices, iPods, smart phones, tablets, toys or similar items unless requested to do so by staff.
- 10. All electronic equipment with photographic capabilities (including cellular telephones) is strictly prohibited.**
11. Participants are to be capable of utilizing the washroom facilities with little to no prompting. Participants in a non-parented program must be toilet trained prior to the start of the program.
12. Participants with behavioural difficulties may require additional support and may be referred to City of Ottawa City Wide Special Needs Services for specialized and individual program planning.
13. Parents/guardians agree to pay for any and all damages intentionally caused by the participant to facility property and/or the property of others.
14. Illegal drugs, alcohol, or weapons are forbidden on City of Ottawa property.
15. Participants are expected to demonstrate basic respect for the dignity and rights of other program participants and staff. The City of Ottawa reserves the right to immediately suspend or terminate the enrolment of any participant who displays any behaviour that violates the following guidelines:
  - a. Inappropriate behaviour, foul language and aggressive behaviour to other participants and staff.
  - b. Respect for City of Ottawa property and the property of others.
16. All participants must comply with Federal, Provincial and Municipal laws and all rules, regulations, policies, procedures and by-laws of the City of Ottawa.

Non-compliance with the Conditions of Enrolment will result in a written warning. If the Conditions of Enrolment continue to be breached, the City of Ottawa reserves the right to discharge the participant. A participant may be discharged immediately after a one-time occurrence where the behaviour is deemed serious, i.e. violent and/or abusive.