



City of Regina



Participant Information Form

Child's Name: _____

Age: _____ Birth Date: _____

Address: _____ Postal Code: _____

PlayEscapes site: _____ Community you reside in: _____

Parent/Guardian's Name: _____

Phone Number: _____ (home) _____ (work) _____ (cell)

Parent/Guardian's Name: _____

Phone Number: _____ (home) _____ (work) _____ (cell)

Emergency Contact (different from parent/guardian in case we cannot get a hold of you):

Relationship: _____ Phone Number: _____

Important Information i.e.) dietary restrictions, allergies, asthma, diabetes, medication, disability, etc.

Any other pertinent information i.e.) arrangements for pick up, older sibling babysitting child, etc.

Is your child allowed to return home if an adult does not come to pick him or her up?

Yes _____ No _____

It is the parent/guardian's responsibility to educate their children as to whether or not they can leave site on their own



Parent/Guardian Signature: _____

Date Received: _____ Location: _____

Staff Initials: _____

The information received on this form is confidential and will not be used for any other purpose than for which it has been obtained.



City of Regina



City of Regina: Image Release

Date: _____

Print Name (person being used in photography, pictures, video or audio recording)

I hereby consent to authorize the use and reproduction by the City of Regina, any multimedia likeness taken during PlayEscapes (including pictures, videos, and audio recordings), for any purpose without further compensation or notice. All negatives and positives, together with the prints and other derivatives shall constitute the property, solely and completely, of the City of Regina.

I am 18 years of age: YES NO

If not 18 years of age or older, a guardian must provide consent below.

I authorize consent for the listed individual above: YES NO

Print Name (Guardian)

Signature