



After School Program Free Evening Youth Program Permission Form

Please complete the following form by printing clearly. Each participant will require a separate form.

1. Participant Information

Participant First Name _____ Participant Last Name _____

Age: _____ Date of Birth (yyyy-mm-dd): _____

Program Location: _____

2. Parent/Caregiver Information

Parent/Caregiver Name _____ Phone _____ Email _____

Parent/Caregiver #2 Name _____ Phone _____ Email _____

3. Emergency Contact

Name (not parent/caregiver) _____ Relationship _____ Phone _____

4. Additional Participant Information

Important information

(dietary restrictions, allergies, asthma, medication, disability, pronouns, etc.)

5. After Program Instructions

- Participant may walk home alone
- Participant may walk home with friend/sibling: _____
- Participant will be picked up. Identify who: _____
- Other arrangements : _____

6. City of Regina Image Release

I authorize the **City of Regina** to use photographs, video, or audio recordings taken during **City of Regina Youth Programs** for promotional or informational purposes without compensation or further notice. All images and recordings become the property of the **City of Regina**, which may share them with third-party organizations at its discretion.

Consent

- Yes No

Date (yyyy-mm-dd): _____ Initials: _____

Guardian Information *(Required if participant is under 18):*

Guardian Name _____ Phone _____ Email _____