

Informed Consent **FORM**

Youth Stick and Puck Drop-in Program 13-18 yrs

WARNING! PLEASE READ CAREFULLY!

I [] (*name of Parent/Guardian*) am authorized and request to have [] ("*my Child*"), born on [] participate in the District of Squamish's **Youth Stick and Puck Drop-in Program 13-18y** (*the "Program"*) during the ice season **August 17, 2026 – May 31, 2027**.

I AM AWARE AND ACKNOWLEDGE that the Program involves many inherent **RISKS**, which include but are not limited to the possibility of property damage, or physical injury such as skin abrasion, nerve damage, spinal cord damage, neck injury, broken bones, pain, paralysis, brain injury or even death.

I UNDERSTAND that the above activity requires a minimum level of physical, mental and emotional health (*collectively "health"*). I further understand that the probability of an injury occurring depends in part on my Child's level of fitness and health as well as on the awareness, care and skill with which my Child conducts him or herself in the Program.

I WARRANT that my Child is physically, mentally and emotionally fit to participate in the Program.

I UNDERSTAND, AGREE AND ACKNOWLEDGE that:

- a. My Child must be at least 13 years of age to participate in the Program;
- b. Choosing to have my Child participate in the Program brings with it the assumption by me and by my Child of the above stated potential RISKS and I ASSUME FULL RESPONSIBILITY to instruct my Child about these RISKS and the choices available to him or her;
- c. I am free to withdraw my Child from the Program at any time. I agree to voluntarily withdraw my Child from the Program if my Child begins to experience any signs of lightheadedness, fainting, chest discomfort, leg cramps, nausea or other ailments affecting my child's health; and
- d. In the event that my child requires medical attention, I consent to my child being transported to the nearest emergency centre, including by ambulance if necessary.

Signatures and Emergency Contact Information on Page 2

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I have read this Informed Consent Form and understand and accept its terms.	
 Parent/Guardian's Signature	 Witness' Signature
 Parent/Guardian's Name (print)	 Witness' Name (print)
 Date	
Emergency Contact Information	
 Parent/Guardian's Name	 Phone Number
Alternate Contact	
 Parent/Guardian's Name	 Phone Number

Please return completed form to **recreation@squamish.ca** if you are able to sign digitally or **print and drop off** signed copy to the Customer Service Team at Brennan Park Recreation Centre.