



DRIFTPILE CREE NATION

Recreation Department

Box 240

Driftpile, Alberta T0G 0V0

Phone: (780) 355-3866/ Fax: (780) 355-2734

## Permission and Enrollment Form

### Youth Information

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Male/Female

Health Care #: \_\_\_\_\_ Treaty#: \_\_\_\_\_

Primary Address: \_\_\_\_\_

### Parent/Guardian Information

Name(s): \_\_\_\_\_

Email (s): \_\_\_\_\_

List all phone numbers where the parent/guardian can be reached (type: i.e. home, cell)

Name \_\_\_\_\_ # \_\_\_\_\_ Type? \_\_\_\_\_

Name \_\_\_\_\_ # \_\_\_\_\_ Type? \_\_\_\_\_

### Emergency Contact

Name: \_\_\_\_\_ # \_\_\_\_\_ Relation? \_\_\_\_\_

Name: \_\_\_\_\_ # \_\_\_\_\_ Relation? \_\_\_\_\_

TRANSPORTATION PERMISSION: The undersigned does also hereby give permission for my child/youth to ride in any vehicle driven by an approved and licensed ADULT chaperone while attending and participating in activities sponsored Driftpile Recreation.

\_\_\_\_\_ x \_\_\_\_\_

Name of Youth Participant

Signature of Youth Participant

Date

\_\_\_\_\_ x \_\_\_\_\_

Name of Parent/Guardian

Signature of Parent/Guardian

Date

MEDICAL CONDITIONS

1. List any medical conditions and/or Allergies you have (asthma, diabetes, epilepsy, etc.)
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EXPECTATIONS

Any participant failing to abide by the rules and/or policies will be sent home.

PARENTAL CONSENT

Parent/Guardian's Statement: By signing this form, I agree to support the Driftpile Cree Nation Recreation Program and Policies. I also hereby give permission for my child to attend and participate in Recreational activities, events, retreats, and childcare held by the DCN Recreation Department.

Date: \_\_\_\_\_

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Phone

- Who can pick up the child? \_\_\_\_\_
  - Medical Authorization, Please note\*\* Supervisors/Coordinators and Youth Mentors are not authorized to consent to medical procedures with out the parents consent\*\*\*
  - How is your child travel to/from programming?  
\_\_\_\_\_
  - Days child will attend?  
\_\_\_\_\_
  - Scheduled activities, What days will the participant will attend?  
\_\_\_\_\_
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