

## REGISTRATION and EMERGENCY CONTACT INFORMATION

Participants Name \_\_\_\_\_ Birth date \_\_\_\_\_

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Phone # \_\_\_\_\_

E-mail \_\_\_\_\_

List a second emergency contact number if the above named parent cannot be reached.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone # \_\_\_\_\_ Alternate phone # \_\_\_\_\_

Allergies to drugs, food, insect bites, etc: \_\_\_\_\_

Carries Epi-pen

List medical conditions which may affect the participants ability to participate in activities (such as asthma, heart disease, diabetes)

\_\_\_\_\_  
 Carries Ventolin inhaler

**Do you require a bike and helmet to be provided Yes/No**

**If yes Please provide your height \_\_\_\_\_**

### **Consent**

When you register, or otherwise give us personal information, TFKO will not share that information with third parties without your permission. To accomplish our goals, Trips For Kids Ottawa from time to time sends press releases and photographs to the media (newspaper, radio, television and the internet) and uses photos in our own publications. I hereby authorize Trips For Kids Ottawa to use any photos taken of me/my child during Trips For Kids Ottawa activities.

Signature of parent \_\_\_\_\_

To obtain funding for our program, Trips For Kids Ottawa needs to show that we are having an impact on the kids who participate. Please initial here \_\_\_\_\_ if you agree that your child may participate in surveys for program evaluation purposes.