

SAINT JOHN YMCA  
Forest Glen Community Centre



**COMMUNITY CENTRES – Drop-In Programs**  
**WAIVER and LIABILITY RELEASE**  
**Both Sides of the Form Must be Completed**

PARTICIPANT'S FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ MEDICARE: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

GENDER (CIRCLE): MALE FEMALE DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

*ALL PARTICIPANTS ENTERING THE **COMMUNITY CENTRES – DROP-in PROGRAMS** WILL BE REQUIRED TO HAVE A SIGNED WAIVER FROM THEIR PARENTS OR GUARDIAN TO ENTER ANY CENTRE.*

Note to parents / guardian: Should you wish your child, under the age of 12 years to attend this drop in program, there must be a parent, guardian or responsible adult at home, who is available to receive your child should they decide to leave. Otherwise, if childcare is needed, your child must attend a licensed daycare facility. Any changes in circumstances regarding this matter must be reported to the community centre in writing.

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**MOTHER'S FULL NAME:** \_\_\_\_\_

Available at home during the hours of the drop-in centre should the child choose to leave at any time. Yes [ ] No [ ]

PHONE # (HOME): \_\_\_\_\_ (WORK): \_\_\_\_\_ (CELL): \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ EMAIL: \_\_\_\_\_

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**FATHER'S FULL NAME:** \_\_\_\_\_

Available at home during the hours of the drop-in centre should the child choose to leave at any time. Yes [ ] No [ ]

PHONE # (HOME): \_\_\_\_\_ (WORK): \_\_\_\_\_ (CELL): \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ EMAIL: \_\_\_\_\_

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**GUARDIAN'S FULL NAME:** \_\_\_\_\_

Available at home during the hours of the drop-in centre should the child choose to leave at any time. Yes [ ] No [ ]

PHONE # (HOME): \_\_\_\_\_ (WORK): \_\_\_\_\_ (CELL): \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ EMAIL: \_\_\_\_\_

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RESPONSIBLE ADULT / EMERGENCY CONTACT: \_\_\_\_\_ PHONE #: \_\_\_\_\_

(Example: sitter, neighbour, or relative)

Available at home during the hours of the drop-in centre should the child choose to leave at any time. Yes [ ] No [ ]

ADDRESS: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ANY SPECIAL NEEDS OR INFORMATION WE SHOULD KNOW ABOUT THE PARTICIPANT:

\_\_\_\_\_

\_\_\_\_\_

**SAINT JOHN YMCA RELEASE AGREEMENT**

IN CONSIDERATION OF BEING PERMITTED TO PARTICIPATE IN THIS YMCA ACTIVITY OR USE OF ANY YMCA FACILITIES IN CONNECTION WITH THIS PROGRAM, THE UNDERSIGNED AGREES TO THE FOLLOWING:

THE PARENT/GUARDIAN ASSUMES FULL RESPONSIBILITY of the Participant's arriving to and from any Community Centre **Forest Glen Community Centre** Drop-in Program and, further acknowledges, that the Parent/Guardian will be available, at all times, to the Participant, if the Participant wishes to leave any Community Centre at any time. I give permission to the Forest Glen Community Centre to pick up, take on an outing, and drop off the participant \_\_\_\_\_ in the Saint John YMCA Van. Providing the driver of said vehicle is properly insured for the carrying of passengers. I have read and understand the information that is giving to me to the best of my knowledge.

Parents/Guardians (print name) \_\_\_\_\_

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

THE PARENT/GUARDIAN ACKNOWLEDGES that a parent, guardian or responsible adult will be at home where the Participant leaves any Community Centre and, further acknowledges, that the Parent/Guardian accepts full responsibility of the Participant when the Participant walks unaccompanied from any Community Centre.

SINCE THERE ARE INHERENT RISKS ASSOCIATED WITH EVERY ACTIVITY, I the Parent/Guardian, of the Participant, hereby state that I have considered risks and hereby give my permission for the Participant to attend and participate in the mentioned activities as well as any associated activities.

THE PARENT/GUARDIAN SHALL INDEMNIFY AND SAVE HARMLESS the Saint John YMCA from all damages, costs, claims, demands, actions, suits or other proceedings by whomsoever claimed, made, brought or prosecuted in any manner and whether in respect of property owned by others or in respect of damage sustained by others based upon or arising out of or in connection with the performance of this Agreement or anything done or purported to be done in any manner hereunder, but only to the extent that such damages, costs, claims, demands, actions, suits or other proceedings are attributable to and caused by the Participant's and/or the Parent/Guardian's negligence, errors or omissions.

IN NO EVENT SHALL THE PARTICIPANT AND/OR THE PARENT/GUARDIAN BE OBLIGATED TO INDEMNIFY the Saint John YMCA in any manner whatsoever in respect of any damages, costs, claims, demands, actions, suits or other proceedings caused by the negligence of the Saint John YMCA, or any person for whom the Saint John YMCA is responsible.

PARENT/GUARDIAN SIGNATURE

DATE

**For Office Use Only**

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

Staff signature verifying that all information is received: \_\_\_\_\_