



19 Holland Road West  
Kakabeka Falls, ON  
P0T 1W0

## CHILD WAIVER & CONTACT FORM THE TOWNSHIP OF CONMEE

### Summer Drop-In Recreation Program

### Child Participation & Emergency Contact Form

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Alternate Emergency Contact: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

### Medical Information (if applicable)

Allergies / Medical Conditions / Other Information:

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### Acknowledgement & Consent

By signing below, I acknowledge and agree that:

- This is a **drop-in recreation program**, not a childcare service
- **Parents/guardians are responsible for supervising their children at all times**
- Township staff facilitate activities but **do not provide supervision or custodial care**
- Participation is voluntary and involves normal risks associated with outdoor recreation
- I give permission for my child to participate in Township activities

Parent/Guardian Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_

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

### Photo Consent:

- I consent to photos/videos being taken for Township promotional use
- I do not consent

