



# Comox Military Family Resource Centre

Centre de ressources pour les familles des militaires de Comox  
19 Wing Fitness & Community Centre, Bldg 244, 1575 Military Row  
PO Box 310, Lazo, BC V0R 2K0  
Ph: (250) 339-8290 Toll-Free: 888-246-0222 Fax: (250) 339-8199  
Website: [www.CAFconnection.ca](http://www.CAFconnection.ca) / [www.connexionFAC.ca](http://www.connexionFAC.ca)

## YOUTH SERVICES WAIVER

MUST BE COMPLETED FOR YOUR CHILD TO ATTEND PROGRAMS. PLEASE COMPLETE BOTH SIDES.

### YOUTH'S INFORMATION

LAST NAME:	DATE OF BIRTH:	AGE:
FIRST NAME:	CARE CARD #:	
STREET ADDRESS:		
MAILING ADDRESS:		POSTAL CODE:
Please list any of the child's medical conditions, special restrictions and/ or allergies. <i>If allergies or medical conditions require specific medical treatment, please complete a Youth Medical Treatment Plan.</i>		

### PARENT/ GUARDIAN INFORMATION

LAST NAME:	LAST NAME:						
FIRST NAME:	FIRST NAME:						
PHONE #:	PHONE #:						
EMAIL: <input type="checkbox"/> I agree to have Youth Services send monthly calendars, updates and news concerning Youth Programs by email.	EMAIL: <input type="checkbox"/> I agree to have Youth Services send monthly calendars, updates and news concerning Youth Programs by email.						
MIL.	CIV.	DEF.	VET.	MIL.	CIV.	DEF.	VET.

**\*If either parent or guardian identifies as a Veteran, please complete the slip below.**

### APPROVED PICK UP & EMERGENCY CONTACT INFORMATION

*(Persons authorized to pick up child or to be contacted if Parents/ Guardians cannot be reached)*

LAST NAME:	LAST NAME:
FIRST NAME:	FIRST NAME:
PHONE #:	PHONE #:
RELATIONSHIP:	RELATIONSHIP:

### ADDITIONAL INFORMATION

*Any information we should be aware of (I.e. Tips/ strategies, challenges, behavioural incidents, triggers, ailments, conditions).  
If further information is required to better support your child, we will ask you to complete a Youth Individual Action Plan.*

### COMOX MFRC PRIVACY POLICY:

*Information collected by the Comox Military Family Resource Centre will be used for MFRC purposes under strict confidentiality in compliance with the Privacy Code for Military Family Services Program; and will not be provided to a 3<sup>rd</sup> party or organization without written permission, unless required by law. Information about client participation in MFRC services and activities is NOT provided to CF authorities.*

*This portion will be detached.*

### VETERAN FAMILY PROGRAM (VFP)

Please complete the information below if a parent or guardian identifies as a Veteran.

*Under the VFP, we are able to receive reimbursement for operating costs when veteran family members attend programs.*

### VETERAN PARENT/ GUARDIAN

LAST NAME:	RELEASE DATE:
FIRST NAME:	TYPE OF RELEASE:    MEDICAL    NON MEDICAL
	LAST 3 DIGITS OF SERVICE #:

## Release of Liability, Waiver of Claims, Assumption of Risks & Indemnity Agreement

\*\* PLEASE READ CAREFULLY \*\*

.....**BY SIGNING THIS DOCUMENT YOU WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE**.....

To The Comox Military Family Resource Centre (hereinafter referred to as “the Comox MFRC”)  
On behalf of myself and my heirs, executors, administrators and assigns, I [redacted] of the City/Town of [redacted] in the Province of British Columbia (“the Releasor”), in consideration of being permitted to participate in all Comox MFRC programs and activities from September 20 [redacted] to August 20 [redacted], **do hereby remise, release and forever discharge the Comox MFRC, and/or its directors, officers, employees, volunteers, agents and/or representatives** (Collectively “the Releasees”) of and from all manner of actions, causes of action, suits, debts, dues, accounts, bonds, covenants, contracts, claims or demands of whatsoever kind or nature that I ever had, now have, shall or may hereafter have against the Releasees as the result of or arising out of my attendance or participation in any program/activity, including the negligence of the Releasees.

If the Releasor commences any proceeding involving any claims, complaint or demand against the Releasees for any cause, matter or thing relating to the matters dealt with in the Release, this Release may be raised as a complete bar to any such claim, demand or complaint in the proceeding.

**PLEASE READ AND COMPLETE BOXES.**

<b>MEDICAL RELEASE:</b> I acknowledge it is my responsibility to advise the Comox MFRC of any and all medical conditions that may affect the participation of the above-named in any program/activity. In the event the above-named requires medical attention, I hereby consent to the transport to the nearest medical facility, including by ambulance, and accept that I am solely responsible for any costs of such services.	Please Initial
<b>PHOTO RELEASE:</b> Permission for the Comox MFRC to take and use individual photographs of the above-named for promotions and records, including the MFRC website.	GRANTED <input type="checkbox"/> DENIED <input type="checkbox"/>
<b>ACTIVITY &amp; FIELD TRIP PERMISSION:</b> Permission for my child to participate in planned and spontaneous activities and field trips organized by the Comox MFRC Youth Services Department.	GRANTED <input type="checkbox"/> DENIED <input type="checkbox"/>
<b>WALK HOME PERMISSION:</b> Permission for my child to walk home from programs organized by the Comox MFRC Youth Services Department without an accompanying adult. I understand that I am responsible for my child when the program has concluded and release the Comox MFRC and its staff from any legal liability and claims that may arise due to or relating to my child walking home alone.	GRANTED <input type="checkbox"/> DENIED <input type="checkbox"/>
<b>SWIMMING PERMISSION:</b> Permission for my child (aged 7 years and up) to swim during programs organized by the Comox MFRC Youth Services Department under the supervision of staff and trained lifeguards. <i>NOTE: During offsite field trips to lakes or beaches, children will NOT be allowed to enter the water without the direct supervision of a trained lifeguard.</i>	GRANTED <input type="checkbox"/> DENIED <input type="checkbox"/>
<b>MY CHILD'S SWIM LEVEL:</b>	
<input type="checkbox"/> <b>RED</b> – Requires a life jacket at all times	
<input type="checkbox"/> <b>YELLOW</b> – Comfortable in shallow end only (Feet touching the ground)	
<input type="checkbox"/> <b>GREEN</b> – Strong swimmer and can swim without assistance	
<b>INTERNET PERMISSION:</b> Permission for my child (aged 8 years and up) to use the internet during programs organized by the Comox MFRC Youth Services Department. My consent indemnifies staff at the Comox MFRC of all claims and liabilities arising out of my child's internet use. <i>NOTE: Social media sites require a user to be 13 years of age to access.</i>	GRANTED <input type="checkbox"/> DENIED <input type="checkbox"/>
<b>PARENT HANDOUT:</b> I have read, understood and agree to follow the Parent Handout.	Please Initial

**SIGNED, SEALED and DELIVERED** in Lazo, in the Province of British Columbia, this \_\_\_ day of \_\_\_\_\_, 20\_\_

**PARENT/GUARDIAN'S SIGNATURE:** \_\_\_\_\_

**PARENT/GUARDIAN'S NAME** (please print): \_\_\_\_\_

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