



✉ 1720 McTavish Road  
 North Saanich, BC V8L 5T9  
 ☎ 778-352-0088  
 @ create@mctavishacademy.ca  
 🖱 mctavishacademy.ca

## Program Participant Form

Participant name Age

School and grade Date of birth

Name of parent(s)/guardian(s)

Phone Phone Email

Check here to provide your email address & receive emails. If you opt out of the email list, you will not receive notification of changes in class schedules or cancelled classes. \*You may unsubscribe at any time.

Address

Yes No

Does participant have a life-threatening allergy/condition?

Does participant have an epi-pen?

Does participant require assistance in order to participate in this program?

(Note: Please bring an attendant, caregiver or family member if you require personal care support for participation and/or changing, transferring, washroom assistance, or administration of medication.)

Does participant have behaviours that staff should be aware of?

Does participant have a disability that staff should be aware of?

Is there anything else we need to know about the participant?

Please Note: This information helps staff determine if we can safely accommodate the participant in our program. If you have indicated "Yes" to any of the above questions, *please* speak with staff before your child can participate in the program. (for example: medical conditions, general allergies, fears, etc.)

We believe in providing inclusive recreational opportunities for everyone in the community. Children and youth with disabilities that require additional support in our programs are encouraged to bring an attendant, caregiver or family member with them.

## Pickup Authorization

Name Relationship to participant Phone number

Name Relationship to participant Phone number

## Emergency Contacts

Name Relationship to participant Phone number





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## PHOTO RELEASE

Students may be photographed during our time together and these photos may appear in McTavish Academy of Art promotional materials unless otherwise specified. No person whose photos are used will be identified by name, nor will any compensation be extended for such use.

I agree to give McTavish Academy of Art permission to use photo or video of myself or my child for educational and promotional purposes. I understand that my child will not be identified by name unless given permission, nor will compensation be extended for such use.

## AGREEMENT OF RELEASE & WAIVER OF LIABILITY:

I hereby agree to the following. The child has permission to attend classes offered by McTavish Academy of Art.

The child is participating in classes or services during which they will receive information and instruction about art, yoga, dance, music, health or wellness. I recognize that such classes/services may require physical exertion, which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved. I understand it is my responsibility to consult with a physician prior to and regarding my child's participation in any physical fitness program. I understand my child has no medical condition that would prevent their participation in the class.

I agree to assume full responsibility for any risks, injuries or damages, known and unknown, which my child might incur as a result of participating in this class. I knowingly, voluntarily, irrevocably and unconditionally release, discharge and waive any claim I may have against McTavish Academy of Art, the Instructor, owner of or leaseholder of the building and their respective agents, consultants, advisors, and successors.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

## COVID-19 POLICIES & PROCEDURES:

I hereby agree the child participating will not attend programming if they have experienced any symptoms of Covid-19: fever, shortness of breath, dry cough, runny nose, sore throat, been in contact with any who has had covid-19 or returned from travel and required to self isolate. I acknowledge that I have thoroughly read the Covid-19 policies and procedures located on our website, at the following link and understand this is continually updated following updates from public health officials, requiring me to check on it regularly: <https://mctavishacademy.ca/covid-19-plan/>

Participant name

Date

Parent/Guardian name

Parent/Guardian signature



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