

Parent/Legal Guardian(s) Initials

CENTRAL EGLINTON COMMUNITY CENTRE, 160 Eglinton Avenue East, Toronto, Ontario M4P 3B5
Telephone: 416-392-0511 Fax: 416-392-0514 E-mail: <a href="mailto:info@centraleglinton.com">info@centraleglinton.com</a> Internet: <a href="mailto:www.centraleglinton.com">www.centraleglinton.com</a>

## THE PAL-O-MINE CLUB AFTER-SCHOOL PROGRAM 2023 - 2024 **WAIVER**

Child's Name	Date
1) FIRST AID	
	vity supervised by The Pal-O-Mine Club/CECC staff, I/we, the e named child, hereby authorize the staff to apply <b>first aid treatment at</b> for the above named child.
Parent/Legal Guardian(s) Initials	
2) PERMISSION TO TRAVEL <u>FR</u> <u>UNACCOMPANIED</u>	OM SCHOOL TO THE PAL-O-MINE CLUB / CECC
NOT APPLICABLE	Parent/Legal Guardian(s) Initials
	re named child leave his/her school (name of school) vel (walk, TTC) to The Pal-O-Mine Club at Central Eglinton ve. East, unaccompanied.
Parent/Legal Guardian(s) Initials	
3) PERMISSION TO BE <u>PICKED</u> TRAVEL TO THE PAL-O-MINE	UP FROM SCHOOL/SCHOOL BUS BY CECC STAFF AND CLUB/CECC
<u> </u>	te named child be picked up from his/her schoole Club/CECC staff, and travel to The Pal-O-Mine Club at CECC, by TTC.
Parent/Legal Guardian(s) Initials	
4) PERMISSION FOR CHILD <u>TO</u>	LEAVE ON THEIR OWN AT END OF PROGRAM
NOT APPLICABLE	Parent/Legal Guardian(s) Initials
at either the regular time designated b written direction is given by myself/or I/We hereby authorize The Pal-O-Mir circumstances, until further notice, an	re named child <b>leave The Pal-O-Mine Club/CECC unaccompanied</b> , by me/us (

Please turn over to page 2

5) PHOTOGRAPHS & MEDIA RELEASE
I/We hereby consent to allow The Pal-O-Mine Club/CECC staff to take <b>photographs</b> of the above named child while he/she is engaging in program activities. These photographs will be used in Central Eglinton Community Centre's <b>archives</b> , on the <b>CECC website</b> , and <b>may be reproduced in publications such as community newspapers</b> .
Parent/Legal Guardian(s) Initials
6) PERMISSION TO SHARE INFORMATION
I/We hereby understand that the information contained in The Pal-O-Mine Club Registration Form and this Waiver will be shared amongst Pal-O-Mine Club/CECC staff and other CECC staff <b>only as absolutely necessary</b> .
Parent/Legal Guardian(s) Initials
7) RESPONSIBILITY TO REPORT ABSENCES
I/We hereby understand and agree that, as Parent/Legal Guardian(s) of the above named child, it is my/our responsibility to advise The Pal-O-Mine Club/CECC either by telephone (416 392 0511 ext 0) or in writing if the above named child will be absent from the after-school program for any reason.
Parent/Legal Guardian(s) Initials
8) OUTINGS
I/We hereby consent to have the above named child leave the premises of The Pal-O-Mine Club (Central Eglinton Community Centre, 160 Eglinton Ave. East) from time to time <b>to participate in outings to outdoor play areas and/or playgrounds as part of the program</b> . It is understood that supervision will be provided by Pal-O-Mine Club/CECC staff.
Parent/Legal Guardian(s) Initials
9) HAND SANITIZER
I/We hereby consent to allow the above named child to use hand sanitizer.

## Personal information on this form is collected under the authority of the City of Toronto Act, 1997, and Art XI of CH. 169, of the City of Toronto Municipal Code. The information is used for the purpose of registration, membership, payment, mailings, including newsletters/surveys and aggregate statistical reporting. Questions about this collection can be directed to: The Executive Director, CECC, 160 Eglinton Ave. E., Ste. 201, Toronto, Ontario M4P 3B5

SIGNATURE of Parent/Legal Guardian Date

**SIGNATURE** of Parent/Legal Guardian Date

Parent/Legal Guardian(s) Initials\_

Name of Parent/Legal Guardian

Name of Parent/Legal Guardian

(Please print)

(Please print)