



THE PAL-O-MINE CLUB AFTER-SCHOOL PROGRAM 2024 - 2025 WAIVER

Child's Name

Date

1) FIRST AID

In case of emergency during any activity supervised by The Pal-O-Mine Club/CECC staff, I/we, the Parent/Legal Guardian(s) of the above named child, hereby authorize the staff to apply **first aid treatment and/or request emergency treatment** for the above named child.

Parent/Legal Guardian(s) Initials

2) PERMISSION TO TRAVEL FROM SCHOOL TO THE PAL-O-MINE CLUB / CECC UNACCOMPANIED

NOT APPLICABLE

Parent/Legal Guardian(s) Initials

I/We hereby consent to have the above named child **leave his/her school** _____ (*name of school*) **at the end of the school day and travel (walk, TTC) to The Pal-O-Mine Club at Central Eglinton Community Centre, 160 Eglinton Ave. East, unaccompanied.**

Parent/Legal Guardian(s) Initials

3) PERMISSION TO BE PICKED UP FROM SCHOOL/SCHOOL BUS BY CECC STAFF AND TRAVEL TO THE PAL-O-MINE CLUB/CECC

I/We hereby consent to have the above named child **be picked up from his/her school** _____ (*name of school*) **by The Pal-O-Mine Club/CECC staff, and travel to The Pal-O-Mine Club at CECC, 160 Eglinton Ave. East, on foot or by TTC.**

Parent/Legal Guardian(s) Initials

4) PERMISSION FOR CHILD TO LEAVE ON THEIR OWN AT END OF PROGRAM

NOT APPLICABLE

Parent/Legal Guardian(s) Initials

I/We hereby consent to have the above named child **leave The Pal-O-Mine Club/CECC unaccompanied**, at either the regular time designated by me/us (_____ *please specify time of departure*), or when written direction is given by myself/ourselves or _____.

I/We hereby authorize The Pal-O-Mine Club/CECC to release my/our child under the above listed circumstances, until further notice, and do hereby release the staff of The Pal-O-Mine Club and the staff of Central Eglinton Community Centre from any and all responsibility after such release.

Parent/Legal Guardian(s) Initials

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5) PHOTOGRAPHS & MEDIA RELEASE

I/We hereby consent to allow The Pal-O-Mine Club/CECC staff to take **photographs** of the above named child while he/she is engaging in program activities. These photographs will be used in Central Eglinton Community Centre's **archives**, on the **CECC website**, and **may be reproduced in publications such as community newspapers**.

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 **only as absolutely necessary**.

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 **to participate in outings to outdoor play areas and/or playgrounds as part of the program**. 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**.

Parent/Legal Guardian(s) Initials

**Name of Parent/Legal Guardian
(Please print)**

SIGNATURE of Parent/Legal Guardian Date

**Name of Parent/Legal Guardian
(Please print)**

SIGNATURE of Parent/Legal Guardian Date