



卡城華人社區服務中心
Calgary Chinese Community Service Association

1406 Centre Street NE, Calgary, AB T2E 2R9
Tel: (403) 265 - 8446 Fax: (403) 233 - 0070 Website: www.cccsa.ca

Community Helpers Program Registration Form

Information of participant

Name: (First) _____ (Last) _____

Date of Birth (DD/MM/YY): _____ Age: _____

Gender: ___ M ___ F ___ Prefer not to say

Address: _____ Postal Code: _____

Phone: (H) _____ (W) _____ (C) _____

E-mail: _____

Medical History (Allergies, Disabilities, Medication, Dietary Restrictions, etc.)

*May we contact you about other programs/services CCCSA offers? ___ Yes ___ No

Emergency Contact/Parent or Legal Guardian

Name: _____

Relationship to participant: _____

Phone: (H) _____ (W) _____ (C) _____



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Consent and Waiver Form

To be completed by all participants and returned by the parent/legal guardian of participants under the age of 18 taking part in activities with the Calgary Chinese Community Service Association.

Program: Community Helpers Program

I, or on the behalf of _____ agree to taking part in the above mentioned program. I understand that there are inherent risks in the variety of activities in which my child will participate during the Community Helpers Program. By signing this waiver, I waive my right to any and all claims that I may have against the CCCSA, their staff and representatives for any injuries, damages to property or emergencies. Upon the circumstance that I cannot be reached, permission is hereby granted to the CCCSA to secure medical treatment for my child. I give my permission for any emergency physician to treat the person named above. I accept all medical expenses incurred.

Photo Release Waiver

I grant the CCCSA Community Helpers Program permission to use, for promotional purposes, photographs taken during the program.

Personal information of this form is collected under the authority of the Freedom of Information and Protection of Privacy Act, Section 33(C) RSA 2000. If you have any question regarding the collection or usage of this information, please contact Bess Yang.

Printed name of Parent/Legal Guardian (if below the age of 18):

Date: _____ Signature: _____