Program Consent Form - 2026



General Inform	nation:		
participate in progi	nsent form will be used for all program	ily and Community S	upport Services (KRFCSS). The information registered for from the date this form is
IMPORTANT – Part	icipants must be registered to each prog	ram they want to par	ticipate in as spaces are limited.
shared by participa if your child/youth purposes, some fa building. If you are	ints confidential except in situations whe reveals information about harming the cilities may require KRFCSS to provide a	ere there is an ethical mselves or others, ch list of participant na ne being shared, or i	nip. The facilitator(s) will keep information obligation to break confidentiality such as all abuse, or criminal activity. For liability mes so they know who is accessing their fyou have any questions, please contact
is located. Participa or a nature walk. P and bug spray as th	ants will always be accompanied by KRF lease be sure to provide your child/yout nese items are NOT provided by KRFCSS.	CSS facilitator(s). Exa	tside within the town/village the program mples include the local field, playground, opriate clothing and footwear, sunscreen,
Participant Info	ormation:		
Full Name:		Date of Birth:	
School:		Grade:	
Home Address:		AB Health Care #:	
Health/Allergy Concerns:		Any additional considerations:	
Parent/Guardi	an Information:		
Parent/Guardian Name(s):		Parent/Guardian Phone #:	
Parent/Guardian	Email:		
Do you want to b	e added to our emailing list for future ev	rents?	
Emergency Co	ntact Information: (If you canno	pt be reached)	
Name:		Phone #:	

meet their pick-up person Signed Pick Up – My child/	ization: (Please select one) that my child/youth may check themselves out. I understand that my child/youth will at the vehicle, will walk home, or go to another activity after the program session. Youth MUST be signed out by a parent, guardian, emergency contact, or an additional Facilitators are not permitted to release your child/youth to anyone not listed on this
Additional Pick-Up Contacts: ** F to pick up your child/youth.	arents, Guardians, and Emergency contacts listed on this form are already authorized
Name:	Phone #:
Name:	Phone #:
Name:	Phone #
brochures, advertisements, promethe manner outlined above.	os in publications, promotional material, and presentations such as annual reports, ptional displays, or newspapers. We appreciate your permission to use these images in
of my child/youth in conn NO, I do not authorize Knee	ional FCSS to produce, use, exhibit, display and distribute the PHOTOGRAPHED IMAGES ection with the promoting, publicizing, or explaining programs facilitated by KRFCSS. hill Regional FCSS to produce, use, exhibit, display and distribute the PHOTOGRAPHED in connection with the promoting, publicizing, or explaining programs facilitated by
Please sign below to acknowledge that the information provided is to	that you have read, understood, and agree to the terms in this consent form and verify ue and correct.
Parent/Guardian Signatur	e Date:

Please submit your consent form to Raelene by

emailing Raelene at Raelene.lupul@krfcss.com
or by dropping off the form at the KRFCSS office at 779 2 Street NE, Three Hills.

Please contact Raelene at 403-443-3800 or Raelene.lupul@krfcss.com if you have any questions or barriers to submitting your consent form.