



Town of Pilot Butte
Box 253
222 Diamond Place
Pilot Butte SK S0G 3Z0
Phone: 306.781.4547

TOWN OF PILOT BUTTE – YOUTH DROP-IN PARTICIPATION FORM

PARTICIPANT INFORMATION

Participant Contact Name: _____

Physical Address: _____

Age: _____ Date of Birth: _____

Important Information ie; allergies, medications, disability, pronouns, ect:

EMERGENCY CONTACT INFORMATION

Emergency Contact Name: _____

Phone Number: _____ Relationship: _____

Alternative Emergency Contact Name: _____
(In case we can't get ahold of you)

Phone Number: _____ Relationship: _____

AFTER PROGRAM INSTRUCTIONS

- ☐ Participant can go home alone
- ☐ Participant will be picked up
- ☐ Other arrangements. Please list below:

It is the parent/guardian's responsibility to educate their children as to whether or not they can leave on their own.



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WAIVER OF LIABILITY

I agree to release, indemnify and save harmless the Town of Pilot Butte, and its elected officials, officers, employees, agents, representatives, volunteers, and other participants from and against all claims, proceedings and/or actions in respect of any costs, losses, damage or injury arising by reason of my or the dependent registrants' participation in any activities offered by the Town of Pilot Butte, or by reason of the provision of medical care by the Town to me or the dependent registrants.

I have read and under the Waiver of Liability.

Signature of Parent/Guardian: _____

Date: _____

TOWN OF PILOT BUTTE – IMAGE RELEASE

I hereby grant permission for my child to be photographed during the program for memorabilia and/or promotional material. I further acknowledge that the Town of Pilot Butte are the owners of all publication materials, and that photos may be used in any exhibitions, public displays, publications, commercial art, and advertising purposes including television without limit or reservation.

☐ **I do not agree to these terms and do not consent to having my child's photo taken**

Child's First and Last Name: _____
(Please print)

Signature of Parent/Guardian: _____

Date: _____