



Parental Consent Form
Richmond Olympic Oval
6111 River Road, Richmond BC, V7C 0A2

Child's Last Name: _____

Child's First Name: _____

If your child has any medical or other conditions that may affect your child's participation in a Richmond Olympic Oval program or camp, please contact the respective Oval programmer one week prior to the start of the program so that appropriate arrangements can be made.

The Richmond Olympic Oval

Name of Child: _____

Date of Birth: _____

Program Name: Hillcrest Middle School

Program Number(s): N/A

I consent to my child's participation in the above program. I am aware that there are risks associated with participation in the above program, including the risk of injury, and death. While particular rules, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist. I consent to my child's participation in spite of such risks.

I acknowledge that it is my responsibility to advise the Oval of any medical or other conditions that may affect my child's participation in the above program.

In the event that my child requires medical attention, I consent to my child being transported to the nearest emergency centre, including by ambulance if necessary, and accept that I am responsible for any costs of such ambulance service.

Permission is hereby Granted or Denied (please check appropriate box) for the Richmond Olympic Oval to take and use photographs of the above-mentioned child for promotions and records.

I have read this Parental Consent Form and understand and accept its terms.

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Name: _____
(please print)