



RJC Spend-A-Day

November 24, 2021

Youth Name: _____ **Gender:** _____

Current Grade: _____

Date of Birth: _____ **Health Card Number:** _____

Parent/Guardian Name(s):

Address: _____ **City/Town:** _____

Prov: _____ **Postal Code:** _____ **Primary phone:** _____

Email: _____

Emergency Contact (Name & Phone/Cell): _____

Allergies/Medical Conditions:

Please include all relevant medical conditions, medications, and allergies (food, environmental) to ensure we can accommodate and attend to medical emergencies. Guests on RJC campus for Spend-A-Day events and activities will be expected to be respectful and abide by the classroom and school rules, regulations, and policies. RJC reserves the right to send home any student who exhibits blatant disregard for the rules in place to protect the safety and security of the students, staff, and facilities of RJC High School.

RJC does not assume any responsibility for lost and/or stolen items. We will work to ensure the event is a success but ask that youth leave all valuable items at home and ensure property is marked appropriately. The following waiver of all claims, release from all liability, assumption of all risks, agreement not to sue, and other terms of this agreement are entered into by me (the Participant) with and for the benefit of RJC High School, its directors, officers, employees, volunteers, business operators, agents, and site property owners or lessees (collectively the Host).

Parent/Guardian Signature: _____ **Date:** _____

I understand that photographs and/or video of my child may be taken for use in school promotional material, newspapers, magazines, Facebook, and/or website. I waive the right to inspect or approve the photo and release it

Parent/Guardian Signature: _____ **Date:** _____