## **Leisure Access Program**

**Guardian/Caregiver Signature** 

## Release of Information and Responsibility

**Edmonton** 

If you are responsible for a child under government care or an individual under custodial care, please complete this form in it's entirety. This form should be completed by the legal guardian, caregiver or trustee responsible for the applicant. Completion of this form will provide those caregivers access to and the responsibility of the individual's information while accessing the City of Edmonton's Leisure Access Program. This form will also direct responsibility of the individual and their conduct to the caregiver while the individual uses the program and all City of Edmonton facilities.

all City of Edmonton facilities.	
eisure Access Program App	olicant Information
Full (Legal) Name of Applicant	
Current Edmonton Address	
Birthdate (YYYY/MM/DD)	
iuardian/Caracivar/Tructoa	Information
Guardian/Caregiver/Trustee	information
Name of Legal Guardian, Caregiver or Trustee	
Name of Organization (If Applicable)	
Contact Phone Number	
Contact Address	
uardian/Caregiver Signatui	re
_	am providing is true, correct and complete and that I am authorized to act on the d that the misuse of the program and/or conduct by myself or the applicant may d/or penalties.

Freedom of Information and Protection of Privacy (FOIP) Statement: This personal information is being collected under the authority of section 33(c) of the FOIP Act and will be used to administer program registrations, membership management and pass sales for the City of Edmonton. Aggregate data will be used for program planning and evaluation. For questions about the programs, collection, use or disclosure of your personal information please contact (780)-496-4918 or 2nd Floor, Edmonton Tower, 10111-104 Ave Edmonton.

Date (Month/Day/Year)