



VILLE DE LAC-BROME  
TOWN OF BROME LAKE

Recreation, Community Services and Tourism, 270, Victoria St., Town of Brome Lake, QC J0E 1V0  
Telephone: 450 242-2020, Fax: 450 242-2022, ville.lac-brome.qc.ca/loisirs, infoleisirs@ville.lac-brome.qc.ca

**Club 9 - 12**  
**Wednesdays from 3 to 4:30 pm**

**District 12-15**  
**Wednesdays from 5 to 8 pm**

### 1. CHILD

Family name:	Date of birth:
First name:	Email :
Address:	

### 2. PARENTS or GUARDIANS

First name and family name:	
Relationship to child:	
Emergency phone:	Other phone:
First name and family name:	
Relationship to child:	Email :
Emergency phone:	Alternative phone:

### 3. OTHER CONTACTS IN CASE OF EMERGENCY

First name and family name:	
Relationship to child:	Email :
Emergency phone:	Alternative phone:
First name and family name:	
Relationship to child:	Email :
Emergency phone:	Alternative phone:

### 4. GOING HOME AFTER PROGRAM

My child will go home at the end of the activity:

- Will be picked up
- On foot
- By bike

**5. ALLERGIES & ILLNESSES:**

Please list allergies and or illness suffered by your child that we should be aware of:

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**6. OTHER INFORMATION**

Is there anything else you would like us to know about your child? (For example, anxieties or phobias, recent important changes in family life, special concerns, etc...)

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**7. PHOTOS**

I authorize TBL Recreation, Community Services and Tourism to take photos of my child and to use the photos strictly for promotional purposes.

Yes       No

**8. COVID**

I recognize that my child:

- did not travel outside of Canada during the last 15 days;
- was not in contact with a person who has tested positive with COVID-19 or presented symptoms of COVID-19 or who has been tested and waiting for results;
- does not have symptoms associated with COVID-19, is not waiting for a result or has not obtained a positive test result;
- will follow the instructions of Public Health for each activities.

I am aware that:

- There is an inherent risk of exposure to COVID-19 in any location where my child is in contact with people;
- I voluntarily assume the risks incurred;
- I cannot hold the Town of Brome Lake responsible for any injuries or illnesses.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NOTES:

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