

Parent / Legal Guardian Release Agreement



The personal information on this form is collected under authority of Section 11 of the *Municipal Act 2001*, SO 2001, c. 25. Only a parent/legal guardian shown on this form and City of Mississauga Staff are entitled to have access to the information indicated on this form. This form will be used to administer the City of Mississauga Recreation Camp Programs and specifically to ensure that children are not released to anyone other than those listed on the form. Questions about this collection should be directed to: Manager, Customer Service Centre, 301 Burnhamthorpe Road West, Ground floor, 905-615-3200 x5037.

Participant(s)

| | | | |
|-------|-------------------|-------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| ONE | Last Name - CHILD | Middle Initial | Provide any information regarding the participant which may be helpful to staff. |
| | First Name | Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| TWO | Last Name - CHILD | Middle Initial | Provide any information regarding the participant which may be helpful to staff. |
| | First Name | Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| THREE | Last Name - CHILD | Middle Initial | Provide any information regarding the participant which may be helpful to staff. |
| | First Name | Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | |

Parent/Legal Guardian

| | | | |
|-----|------------|----------------|-------------|
| ONE | Last Name | First Name | Middle Name |
| | Home Phone | Business Phone | Cell Phone |
| | Signature | | Date |
| TWO | Last Name | First Name | Middle Name |
| | Home Phone | Business Phone | Cell |
| | Signature | | Date |

The participants will be released to the Parent/Legal Guardian and to those individuals listed below on this form. Ensure you list all people who are authorized to pick up your child(ren). Photo I.D. will be requested.

To ensure a safe exit for your child/ren from our program, please provide the following information. Any change in the arrangements must be done in advance.

- Indicate ONE preferred release type:**
- My child/ren may leave the program unescorted at _____ p.m.
 - My child/ren will be picked up at the program.

| | | |
|-----------|------------|----------------|
| Last Name | First Name | Middle Initial |
| Last Name | First Name | Middle Initial |
| Last Name | First Name | Middle Initial |
| Last Name | First Name | Middle Initial |