



ProKids - YMCA of Niagara  
 Phone: 289-362.1921 Fax: 905-688-9629  
 Email: cmack@ymcaofniagara.ca

**RELEASE OF INFORMATION FORM**

**Participant Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

***Purpose of Release: To discuss information as it relates to you and your child(ren)'s participation in the ProKids Program***

\_\_\_\_\_

Participant gives permission to the YMCA of Niagara – ProKids Staff to provide

Information, both verbally and/or written to

**Niagara Conservatory of Music**

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Participant understands that all information provided and shared will be kept completely confidential and not provided to any other source or party without their direct approval and permission. The information will be used to assist the participant in accessing recreational, sports and cultural programming

\_\_\_\_\_  
 Niagara Conservatory of Music Signature

\_\_\_\_\_  
 Participant signature

\_\_\_\_\_  
 Today's date

\_\_\_\_\_  
 Expiry date (1 year after completion date)