



CONSENT FORM – Parents/Guardians of Skaters under the age of 18

I, _____ hereby give Halifax Skating Club, permission to collect and use my skater (listed below) personal health information, specifically their Covid-19 vaccination status. This information will be used solely for the purposes of determining and verifying their eligibility to access and/or participate in non-essential services and activities in accordance with the Covid-19 protocol for Proof of Full Vaccination for Events and Activities set out in the Nova Scotia Public Health Order, and will not be otherwise collected, used or disclosed without my approval.

I understand that, if I wish to withdraw this authorization, I may do so at any time by writing to Halifax Skating Club.

I have read and understood this form, and I have had the opportunity to ask questions and have had them answered to my satisfaction. By signing below, I consent to these terms.

Name: _____ (Please Print- parent/guardian if skater if under 18) _____ (Signature)

Name of Skater: _____

Address: _____

Date: _____

OFFICE USE ONLY

Vaccination status confirmed to be Fully Vaccinated

Name: _____ (Print name) _____ (Signature)

Date: _____