

## **PARTICIPANTS LIST**

The Activity Coordinator (employee coordinating the activity) completes the form, or an alternative participants list that includes all the same information as this form, **prior** to the activity start date. The Activity Leader (College staff member leading the activity) **must have access to** this form during the event.

A copy needs to be submitted to:

- the identified College Emergency Contact (typically the Department Head, Director, or Campus Manager), and
- after the activity, any existing hardcopies go to EAVPAAR to protect privacy of information post activity.

One Participants List form must be completed *per* activity. If more room is needed for participants, continue list on a second form and keep all forms together.

	F	Participants					
Number of Participants, including	staff:						
	College E	mergency Contacts					
College Contacts (people Name:							
Name:	ame:						
2. Contact Information of A	Phone #:						
mail:				Phone #:			
Contact Information of Host Organization at Site (if applicable)  Name:				Phone #:			
College Staff or Volunteer Participants							
Employee Name (Please print)	Employee Number	Emergency Contact and Contact Phone Number					
Student Participants*							
<b>Permission to contact Emergency Contact:</b> Students must be informed that when they provide the emergency contact information for the participants list, they are giving permission for a College staff member to contact their emergency contact in the event of an emergency.							
Student Name (Please print)	Student ID Number	Emergency Contact and Contact Phone Number	Age at time of Activity	Signed Informed Consent or Waiver Form -			
				☐ Yes ☐ No			
				☐ Yes ☐ No			
				☐ Yes ☐ No			

6.1.1 Student Activities – Procedures - Participants List

Student Name (Please print)	Student ID Number	Emergency Contact and Contact Phone Number	Age at time of Activity	Signed Informed Consent or Waiver Form -	
				☐ Yes	□ No
				☐ Yes	□ No
				☐ Yes	□ No
				☐ Yes	□ No
				☐ Yes	□ No
				☐ Yes	□ No
				☐ Yes	□ No
				☐ Yes	□ No
				☐ Yes	□ No
				☐ Yes	□ No
				☐ Yes	□ No
				☐ Yes	□ No
				☐ Yes	□ No
				☐ Yes	□ No
				☐ Yes	□ No

The information on this form is collected by the College of the Rockies under section 26(c)(d) of the BC Freedom of Information and Protection of Privacy Act and will be used only for the purposes related to policy 6.1.1 Student Activities. Should students have any questions about the collection of this personal information please contact the College's Privacy Officer at <a href="mailto:privacyofficer@cotr.bc.ca">privacyofficer@cotr.bc.ca</a>, 250-489-2751, The College of the Rockies, P.O. Box 8500, Cranbrook, BC V1C5L7.

\*Participant Information can be gathered using the online Form template as per this link: Microsoft Forms - Participant Information Gathering. The Activity Coordinator must input the specific activity details into the template prior to sending the form to participants to fill out. The information can then be pulled into an excel spreadsheet for the Activity Coordinator to input, attach, or add to for this or similar participants list.