

PLEASE PROVIDE ONE COMPLETED FORM FOR EACH CHILD ATTENDING CAMP(S)
AT THE CULTURE SERVICES (OLD INTERMEDIATE SCHOOL) FACILITY.

ALL AREAS MUST BE COMPLETED, INITIALED, AND SIGNED ON THE SECOND PAGE FOR WAIVER
TO BE CONSIDERED VALID. MUST BE COMPLETED IN PEN:

LAST Name of Camp Participant:	FIRST Name of Camp Participant:
<p>Main Contact: please print clearly</p> <p>Name (relationship to participant) _____</p> <p>Phone number(s) _____</p> <p>Emergency Contact:</p> <p>Name (relationship to participant) _____</p> <p>Phone number(s) _____</p>	
<p>ACKNOWLEDGEMENT OF RISK</p> <p>By registering, the participant and/or legal guardian of the participant accepts the risks of physical injury consistent with the programs and services in which they are registered and waives any claim for injury arising therefrom.</p> <p>Participants are expected to follow all safety precautions and to use appropriate protective equipment as outlined by the program/service provider and /or instructor.</p> <p>If you have questions about specific risks involved in the program or activity you are registered in, please contact the Community Development Department at 403-406-8820.</p> <p>→ ** _____ Please initial that you have read and understand</p> <p>Culture Services Centre staff & The City of Red Deer will not be held responsible for my child outside of regular camp hours.</p> <p>→ ** _____ Please initial that you have read and understand</p>	
<p>CARING FOR YOUR CHILD</p> <p>We want to ensure your child has an enjoyable experience in our Camp. Please provide any additional information that might assist us in giving your child the support or extra attention they might need or call 403-406-8814.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	

ARRIVE & LEAVE UNATTENDED

You can opt to allow children 8 yrs and older to sign themselves in and out of camp:

YES, I do consent NO, I do not consent

OUTDOOR ACTIVITY

All camps include outdoor activity which may include the adjoining sports field, walks or transit rides to parks or facilities. All participants will be required to remain with the group unless alternate arrangements are made.

YES, I do consent NO, I do not consent
for my child to participate

We ask that you send sunscreen and/or insect repellent with your child if your family uses these items. If conditions warrant it, and your child does not have their own, we may apply from our supply

Spray Sunscreen YES, I do consent NO, I do not consent
Non-Deet insect repellent YES, I do consent NO, I do not consent

PRESCRIPTION MEDICATIONS & ALLERGIES

****ALL MEDICATION MUST BE IN ORIGINAL CONTAINER & LABELLED WITH CHILD'S NAME****

As the parent/guardian I give permission for day camp staff to supervise the administration of the following:

Prescription Medication:	Dosage:	Consumption time:	STAFF USE ONLY			
			Prescription Medication	Date	Time Given	Staff Initial
Allergies:						
Symptoms:						

Signature (only if granting consent for medication supervision as noted above): **X** _____

Signature

I consent, as indicated above - a guardian's permission is required for participants under 18 years of age.

LEGAL GUARDIAN'S NAME (please print) _____

ADDRESS _____

DAYTIME PHONE# _____

DATE SIGNED _____

LEGAL GUARDIAN'S SIGNATURE: X _____

The personal information on this form is collected under the authority of the Freedom of Information and Protection of Privacy (FOIP) Act section 33(c). The information collected will be used for administering the consent process for display of your personal information (includes photo(s), audio recording(s) and/or video(s) for promotional or informational purposes as determined by The City of Red Deer. If you have any questions about this collection, please contact the Safe & Healthy Communities Manager at: Box 5008, Red Deer, Alberta, T4N 3T4 or telephone 403-342-8165.