



2016 Crossfield Summer Recreation Program Registration Form

****All sections of this form must be complete****

Participant's Information:

Participant's Name (First, Last): _____

Date of Birth: _____ Alberta Healthcare #: _____

Allergies/Medical Conditions: **Please Circle** YES or NO

If yes, please state them & provide all necessary information: _____

Contact Information:

Parent/Guardian Name(s): _____

Home Phone Number: _____ Work/Cell Number: _____

Email Address: _____

Mailing Address: _____

Emergency Contact Information:

Emergency Contact Name: _____ Phone Number: _____

2nd Emergency Contact Name: _____ Phone Number: _____

If your child is injured, and in the opinion of the program staff requires further medical attention, do you give the staff permission to call an ambulance: **Please Circle** YES or NO

If yes to the above question, please understand that the fee for the ambulance is your responsibility.

Permissions:

- Please check this box if your child may go home unsupervised when we return from trips.
- Photography Consent:** please check this box to give staff permission to take and use photographs of your child during their participation in the Program.

- **Pre-registration is required and registration is on a first-come, first-served basis.**
- **Full payment is due upon registration and is required to confirm your child's spot.**
- **A zero-tolerance policy is in place for inappropriate behavior. Any misbehavior will be dealt with as the supervisor sees fit. At the supervisor's discretion, children will be removed from future activities. No refunds will be provided in this situation.**
- **Cancellation Policy: Cancellations must be made a minimum of 48 hours before the scheduled activity. Registration fees will be forfeited if less than 48 hours' notice is provided.**

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	Date	Ages	Price	Please Check ✓	<u>TOTAL</u>
SWIMMING Olds Aquatic Centre	Thursday July 7 th	8 and up	\$7		
	Thursday July 14 th	8 and up	\$7		
	Thursday July 21 st	8 and up	\$7		
	Thursday July 28 th	8 and up	\$7		
	Thursday August 4 th	8 and up	\$7		
	Thursday August 11 th	8 and up	\$7		
	Thursday August 18 th	8 and up	\$7		
	Thursday August 25 th	8 and up	\$7		
OC Archery	Wednesday July 6 th	10 and up	\$25		
Calaway Park Trip 1	Wednesday July 13 th	10 and up	\$25		
Southland Pool & LaserQuest	Wednesday July 20 th	10 and up	\$25		
Discovery Wildlife Park	Wednesday July 27 th	10 and up	\$17		
Capture the Flag Paintball *Extra Waiver Required	Wednesday August 3 rd	12 and up	\$35		
Redlodge Trail Rides *Extra Waiver Required	Wednesday August 10 th	12 and up	\$40		
Calaway Park Trip 2	Wednesday August 17 th	10 and up	\$25		
Extreme Air Trampoline Park *Extra waiver required	Wednesday August 24 th	12 and up	\$21		
Sikome Lake Trip	Wednesday August 31 st	12 and up	\$10		

TOTAL: _____

PLEASE NOTE: A CHARGE WILL BE ADDED WHEN PAYING BY CREDIT CARD FOR ANYTHING OVER \$50

Crossfield Summer Recreation Program Informed Consent Form

I, _____, the parent/legal guardian of _____ understand and acknowledge that personal injury, property damage or loss, and possible death may occur during my child's participation in the Crossfield Summer Recreation Program. I fully understand these risks and hereby agree to allow my child to participate in the Crossfield Summer Adventures Program.

In consideration of my child's participation in the Crossfield Summer Recreation Program, I agree that the Crossfield Summer Recreation Program, the Town of Crossfield, and their employees, contractors and volunteers shall not be liable for any personal injury, property damage or loss, or death however arising, from or in any way resulting from my child's participation in activities offered, organized, or provided by the Crossfield Summer Recreation Program. I further hereby agree to indemnify and hold harmless the Crossfield Summer Recreation Program, the Town of Crossfield, and their employees, contractors and volunteers from any damage, claims, or demands in respect of such damage or loss.

I, the parent/legal guardian of the participant named herein, hereby declare that I have read, and understood, and agree to the contents of this Informed Consent Form in its entirety. I agree to assume full responsibility to instruct my child of the risks involved, and to inform him/her of the importance of abiding by the rules, regulations and code of conduct. I, the parent/legal guardian, declare that the registration information I have provided is correct and agree that I am responsible to make the Crossfield Summer Recreation Program staff aware of any changes that need to be made to my child's information contained within this registration form. I, the parent/legal guardian, grant permission for the Crossfield Summer Recreation Program staff to administer any minor medical treatment that may be required (provide bandages, cold packs, etc.).

Parent's Name: _____
(Please Print)

Date: _____

Parent's Signature: _____

Please Note: This Registration Form and Informed Consent Form will be kept on file for use by the Program Staff throughout 2016. The personal information on these forms is collected under the Freedom of Information and Protection of Privacy Act and is solely for the purpose of ensuring the care of your child while attending the Crossfield Summer Recreation Program.