



Innisfail Summer Day Camps 2010

## Registration Form

Registration begins **April 26, 2010**

### Please ensure you read and complete all portions of this registration form.

Please contact the Community Facilitator if you need any assistance or if you have any questions.

4943-53 Street Innisfail, AB T4G 1A1 PH: 403-227-7744 Fax: 403-227-4045 E-mail: [innisfail.facilitator@telus.net](mailto:innisfail.facilitator@telus.net)

### **PART 1**

Please make a separate copy for each additional child

#### Child Information

Male \_\_\_\_\_ Female \_\_\_\_\_ Birthdate: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ Age as of July 1, 2009: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

#### Day Camp Session Preferred

Please check the camp(s) that you are registering for:

#### July

**Session 1**(July 5-9) Full Camp (Mon-Fri) \_\_\_\_\_

Day Option: indicate day(s) of the week your child will attend

Day Option: Mon \_\_\_ Tue \_\_\_ Wed \_\_\_ Thur \_\_\_ Fri \_\_\_

**Session 2**(July 12-16) Full Camp (Mon-Fri) \_\_\_\_\_

Day Option: Mon \_\_\_ Tue \_\_\_ Wed \_\_\_ Thur \_\_\_ Fri \_\_\_

**Session 3**(July 19-23) Full Camp (Mon-Fri) \_\_\_\_\_

Day Option: Mon \_\_\_ Tue \_\_\_ Wed \_\_\_ Thur \_\_\_ Fri \_\_\_

**Session 4**(July 26-30) Full Camp (Mon-Fri) \_\_\_\_\_

Day Option: Mon \_\_\_ Tue \_\_\_ Wed \_\_\_ Thur \_\_\_ Fri \_\_\_

#### August

**Session 5** (Aug 3-6) \*4 days\* Full Camp (Tue-Fri) \_\_\_\_\_

Day Option: Tue \_\_\_ Wed \_\_\_ Thur \_\_\_ Fri \_\_\_

**Session 6** (Aug 9-13) Full Camp (Mon-Fri) \_\_\_\_\_

Day Option: Mon \_\_\_ Tue \_\_\_ Wed \_\_\_ Thur \_\_\_ Fri \_\_\_

**Session 7** (Aug 16-20) Full Camp (Mon-Fri) \_\_\_\_\_

Day Option: Mon \_\_\_ Tue \_\_\_ Wed \_\_\_ Thur \_\_\_ Fri \_\_\_

**Session 8**(Aug 23-27) Full Camp (Mon-Fri) \_\_\_\_\_

Day Option: Mon \_\_\_ Tue \_\_\_ Wed \_\_\_ Thur \_\_\_ Fri \_\_\_

#### Other Important Info

Child's AB Health Care Card #: \_\_\_\_\_ Family Doctor's name & number: \_\_\_\_\_

Allergies: \_\_\_\_\_

Other medical conditions that the camp should be aware of: \_\_\_\_\_

Symptoms associated to this condition to watch for: \_\_\_\_\_

Does your child have any sensitivity or allergy to sunscreen or insect repellants (bug spray)? Yes \_\_\_\_\_ No \_\_\_\_\_

#### Special Needs

It is in the best interest for your child and our staff to be able to work together as a team. If your child has any special needs that could assist us in the enjoyment of his/her time with us, please feel free to share any pertinent information.

#### Cost

\$125.00/week

\* 1 child – full fee

\* 2 children (same family) - \$10 off total

\* 3 children (same family) - \$20 off total

Daily Option...\$50.00/day per child

**Payment Options:**

- Mail in to Town Office (address above)
- In person at the Town Office

#### Payment Methods:

Cheque enclosed OR  Cash  
(payable to the Town of Innisfail)

#### CANCELLATION POLICY

All cancellation requests must be submitted in writing. The following conditions apply:

- Full refund of fees paid, less \$25.00 administration fee for cancellations received more than 15 days prior to the start of the camp.
- 25% cancellation fee levied on cancellations received 14 or fewer working days prior to the start of the camp
- No refund if injury or illness occurs after the camp has started.
- No refund for no-shows

**PART 2**

**Parent/Guardian Information**

Mother's Name: \_\_\_\_\_  
Home Tel: \_\_\_\_\_ Work Tel: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Father's Name: \_\_\_\_\_  
Home Tel: \_\_\_\_\_ Work Tel: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Emergency Contact Person**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Home Tel: \_\_\_\_\_ Work Tel: \_\_\_\_\_

**PART 3**

**Person(s) Authorized to Pick Up My Child:**

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

**Unaccompanied drop off/pick up authorization:**

I authorize my child to (circle):

Arrive unattended                      Leave unattended                      Arrive and leave unattended.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PART 4**

**Informed Consent Agreement  
Assumption of Risks and Indemnity**

In permitting my child to attend the Town of Innisfail Day Camps, I provide permission for my child to participate in a full range of camp activities, unless I notify you otherwise in writing. I authorize the Camp Coordinator, or his/her designate, in the event of accident or illness affecting my child, to authorize all procedures and related expenses, including admission to hospital and necessary treatment as deemed necessary for the care and well being of my child. Such action is to be taken only when immediate contact with the undersigned cannot be made. In consideration of acceptance of my child's participation in the Program, I agree that the Town of Innisfail and the Program or their volunteers, sponsors or employees shall not be liable for any personal injury, death, property damage or any other loss arising from or in any way resulting from my child's participation in the Program and I will indemnify and save harmless the Town and the Program from any such claims agree that, having taken such precautions as in your discretion are deemed advisable, the Town of Innisfail will not be held responsible for any accident or illness to my child. I also understand and agree that any pictures taken at camp may be used for promotion of the Town of Innisfail. I waive any right to compensation and/or the right to inspect or approve the finished picture or printed material.

As Parent/Guardian, I authorize the above named person(s) to pick my child up from the Day Camp. I also declare that I have read and understood, and agreed to the contents of this Informed Consent Agreement in its entirety and I hereby waive any and all claims arising from my child's participation in the Program.

I, as the Parent/Guardian of the participant named herein, hereby 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 and regulations.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CHECKLIST: Please read the following carefully to ensure that your Registration is processed correctly.**

- All sections of the Registration Form must be completed
- Please ensure that you have signed where indicated on the Drop off/Pick up Authorization (if applicable) and on the Informed Consent Agreement
- Please ensure the camp has all appropriate information to help your camper have a successful camp stay.
- Any health information that changes needs to be communicated to the camp IN WRITING before your child starts.