



SUMMER PROGRAMS 2015 Registration Form

Staff ONLY

Please do NOT write in this space.
 Paid \$ _____ Date: _____
 Rcpt. # _____ Staff: _____

Participant's Name: _____ Age: _____ Date of Birth: _____
*As of June 30th, 2015

Parent/Guardian Name(s): _____ Last Grade Attended: _____

Address: _____

Phone Numbers: (h): _____ (w): _____

Child's Health Care #: _____ Family Doctor: _____ Phone #: _____

Emergency Contact: _____ Phone #: _____

Emergency Contact: _____ Phone #: _____

***Please choose appropriate emergency contacts who we can reach during camp hours.**

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

Lamont		
<input type="checkbox"/>	Space Explorers	
<input type="checkbox"/>	July 13-17	\$85
<input type="checkbox"/>	Crazy Creatures	
<input type="checkbox"/>	July 20-24	\$85
<input type="checkbox"/>	Into The Wild	
<input type="checkbox"/>	July 27-31	\$85
<input type="checkbox"/>	Weird & Wacky World	
<input type="checkbox"/>	Aug 10-14	\$85

Bruderheim		
<input type="checkbox"/>	Space Explorers	
<input type="checkbox"/>	July 13-17	\$85
<input type="checkbox"/>	Crazy Creatures	
<input type="checkbox"/>	July 20-24	\$85
<input type="checkbox"/>	Into The Wild	
<input type="checkbox"/>	July 27-31	\$85
<input type="checkbox"/>	Weird & Wacky World	
<input type="checkbox"/>	Aug 10-14	\$85

Mundare Bus to Lamont		
<input type="checkbox"/>	Space Explorers	
<input type="checkbox"/>	July 13-17	\$85
<input type="checkbox"/>	Crazy Creatures	
<input type="checkbox"/>	July 20-24	\$85
<input type="checkbox"/>	Into The Wild	
<input type="checkbox"/>	July 27-31	\$85
<input type="checkbox"/>	Weird & Wacky World	
<input type="checkbox"/>	Aug 10-14	\$85

Chipman Bus To Lamont		
<input type="checkbox"/>	Space Explorers	
<input type="checkbox"/>	July 13-17	\$85
<input type="checkbox"/>	Crazy Creatures	
<input type="checkbox"/>	July 20-24	\$85
<input type="checkbox"/>	Into The Wild	
<input type="checkbox"/>	July 27-31	\$85
<input type="checkbox"/>	Weird & Wacky World	
<input type="checkbox"/>	Aug 10-14	\$85

Preschool Camp		
<input type="checkbox"/>	Space Explorers	
<input type="checkbox"/>	July 13-17	\$65
<input type="checkbox"/>	Crazy Creatures	
<input type="checkbox"/>	July 20-24	\$65
<input type="checkbox"/>	Into The Wild	
<input type="checkbox"/>	July 27-31	\$65
<input type="checkbox"/>	Silly Scientists	
<input type="checkbox"/>	Aug 10-14	\$65

Teen Overnight Camp		
<input type="checkbox"/>	Aug 24-27	\$150

Kid's Overnight Camp		
<input type="checkbox"/>	Aug 4-6	\$95

Girl's Only Sleepover		
<input type="checkbox"/>	July 9-10	\$35

Before & After Care (BAC): Please list below all of the dates you will require BAC and specify if it will be in the morning (8-9am), afternoon (4-5pm), or both for each day.

Total: \$ _____

How will your child be arriving to and from camp? (List any special instructions regarding who may pick up your child)

How did you hear about FCSS Summer Programs?

Medical History: To be completed and signed by parents or guardians. Accurate and complete information is essential to the well being of your child while attending Summer Programs. All information on this form is considered personal and confidential. The parent or guardian is assuming full responsibility for the participant's health and must be confident that the program activities will in no way aggravate any condition present. It is assumed that the parent or guardian will know the child's condition or will seek competent advice before completing this form. The parent or guardian will notify the program coordinator if, for any reason, this permission should be withdrawn or changed.

List any physical, emotional, or behavioral conditions and/or recent illnesses, that would prevent full participation or that we should be aware of. Please give details of USUAL TREATMENT should condition indicated occur:

Please list allergies (drugs, food, insect stings, etc.) of the participant and proper treatment given should reaction occur.

Is the participant currently subject to any of the following?

- Bed Wetting
- Nightmares
- Sleepwalking

Date of last Tetanus shot: _____

Does the participant wear glasses?

Yes No (Circle One)

Do you have any other special instructions regarding the participant's health care and/or diet?

PLEASE REQUEST AND FILL OUT A MEDICATION ADMINISTRATION FORM AND HAND IN TO THE PROGRAM COORDINATOR IF ANY MEDICATION IS REQUIRED DURING PROGRAM HOURS. (ie. Tylenol, Epi-Pen®, Claritin, etc)

I certify that all information presented on this form is true to the best of my ability, and that should any changes arise, I will make sure to contact the program supervisor. I also acknowledge that I have read and understood the Parent Information sheet that has been provided to me.

Parent/Guardian Signature: _____

Date: _____

***Summer Programs Waiver ***

The personal information provided will be used to register yourself or your child in a community program or activity and is collected under the authority of Section 33(c) of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection and use of this information, please contact the Lamont County FOIP Coordinator.

I hereby authorize do not authorize (check one) Lamont County to use photographs taken of the aforementioned individual(s) while attending or participating in community services programs and activities (scheduled or unscheduled) sanctioned by the County. Photographs may be used to promote the County's programs or used in or as part of publications, advertisements, newsletters and displays intended for the general public. Parents and media may also have the opportunity to take pictures; any of these photos taken during public events cannot be controlled. No other use of these photographs will be allowed.

Under Section 38 of the *Freedom of Information and Protection of Privacy Act*, Municipalities must protect the personal information it collects by making reasonable security arrangements against such risks as unauthorized access, collection, use, disclosure or destruction. Also, Municipalities must comply with Sections 39 and 40 when using and disclosing personal information.

I, _____, have informed myself of any and all risks that could take place due to my participation or my child's participation with the program and hereby release the County or Agency, its employees, instructors, agents and volunteers from any claim for loss, injury or damage to person or property either directly or indirectly, from the attendance, including participation in any activity scheduled or unscheduled, including travel to and from any location for myself or my children. I acknowledge having read and understood this release and accept the terms therein.

Parent/Guardian Signature: _____ Date: _____

**Please return completed registration package along with the program fee as early as possible to:
Lamont County Administration Building, 5303-50th Ave. Lamont, AB T0B 2R0**