

****One form per child****

ALL AREAS MUST BE COMPLETED, INITIALED & SIGNED FOR WAIVER TO BE CONSIDERED VALID.

MUST complete with pen:

Name (child's name) Gender: _____ Prefer not to specify: _____

Address _____

City _____ Prov _____ Postal Code _____

Telephone - Home _____ Birth date (M/D/Y) _____ / _____ / _____

I understand and agree that any equipment that I may rent or borrow from The City of Red Deer during the use of the facility, I use at my own risk and it is expressly understood and agreed that The City of Red Deer shall not be liable for any damage or injury resulting from the use of such equipment.

**** _____ Please initial that you have read and understand**

I will hold The City of Red Deer, its officers, employees and agents harmless from any and all liability, actions, cause of action, claims and demands of every kind whatsoever which may rise from or in connection with my use of equipment and facilities, whether or not such use was recommended or supervised by The City of Red Deer day camp staff. Participation risks may include but are not limited to, taking transit, swimming, climbing, walking to nearby parks and amenities, sport activities, use of spray park and playgrounds. I agree to abide by all facility rules.

**** _____ Please initial that you have read and understand**

My signature will also serve as a release and assumption of risk for any members of my family, including those under the age of eighteen (18) who accompany me.

****Signature:** _____ (only if granting consent as noted above)

Legal Guardian Information

Mother/or Guardian

Name: _____

Work #: _____

Home #: _____

Cell #: _____

e-mail: _____

Father/or Guardian

Name: _____

Work #: _____

Home #: _____

Cell #: _____

e-mail: _____

Emergency Contact _____ Telephone _____
(other than above)

As HIGH FIVE® trained leaders, we endeavor to be caring adults and to ensure that your child has an enjoyable experience in our camp. Please provide us with any additional information that might assist us in giving your child the support or extra attention they might require.

****Please turn over****

Prescription Medications & Allergies

****ALL MEDICATION MUST BE IN ORIGINAL CONTAINER****

As the parent/guardian I give permission for The City of Red Deer daycamp 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 as noted above): _____

Sunscreen & Bug Spray

As the parent/guardian I give permission for the City of Red Deer day camp staff to apply

SPF 30 sunscreen: Yes ___ No ___

Insect repellent: Yes ___ No ___

Signature _____

AGES 8-12 only

Please complete if you give permission for your child to arrive or leave unattended.

Unattended Arrival &/or Departure

Children under the age of 8 require the supervision of a person 16+ years in order to arrive & depart and cannot sign themselves out

Please check which days apply to your child.

Arrive & Leave **Unattended** M ___ T ___ W ___ TH ___ F ___

Arrive (only) **Unattended** M ___ T ___ W ___ TH ___ F ___

Leave (only) **Unattended** M ___ T ___ W ___ TH ___ F ___

The City of Red Deer day camp staff & The City of Red Deer will not be held responsible for my child outside of regular camp hours.

Signature _____

The personal information contained on this form is collected under the authority of the Municipal Government Act Section 3 and will be used for the purpose of registration and administration of recreational programs. If you have any questions about this collection, please contact the Recreation, Parks & Culture Manager, The City of Red Deer, Box 5008, 4914-48 Avenue, Red Deer, Alberta, T4N 3T4 or telephone (403) 342-8100