One form per child



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

Name (child's name) Address		
		Postal Code
		late (M/D/Y)/
		and to ensure that your child has an enjoyable experience i ht assist us in giving your child the support or extra attentic
	nderstood and agreed that The (v from The City of Red Deer during the use of the facility, I City of Red Deer shall not be liable for any damage or in
claims and demands of every kind whether or not such use was recommended.	whatsoever which may rise fron mended or supervised by The Cit swimming, climbing, walking to	s harmless from any and all liability, actions, cause of act m or in connection with my use of equipment and facilit ty of Red Deer day camp staff. Participation risks may incl nearby parks and amenities, sport activities, use of spray p
**Please initial that you	ມ have read and understand	d
My signature will also serve as a rel eighteen (18) who accompany me.	ease and assumption of risk for a	any members of my family, including those under the ago
**Signature:		(only if granting consent as noted above)
Legal Guardian Informa	ntion	
Mother/or Guardian	Father	r/or Guardian
Name:	Name:	:
Work #:	Work #	#:
Home #:	Home :	#:
Cell #:		·
e-mail:	e-mail:	:
Emergency Contact(other than above)		Telephone

Please turn over

Prescription Medications, Medical Conditions & 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:

following: Prescription	Dosage:	Consumption	Sī	TAFF USE ONLY		
Medication:	2 osage.	time:	Prescription Medication	Date	Time Given	Staff
						Initial
Medical Conditions:						
Allergies:						
Symptoms:						
Signature (only if gra	nting consen	t as noted above): _				
Sunscreen	& Rua	Snrav				
	_		of Red Deer day camp staff to	lv		
As the parent/guardi	ali i give per	illission for the City	or Red Deer day camp stair to	о арріу		
SPF 30 sunscreen	: Yes_	No				
Insect repellant:						
Signature						
all 5-7 yrs campers I ☐ Non-Swimmer: Ca ☐ Beginner: Comfort ☐ Intermediate: Can	child's curre must wear a p nnot swim, re able in shallo swim short di	orovided lifejacket of quires a lifejacket w water, can float a stances, basic strok	y. This information helps us enduring water activities Ind kick with assistance. Ites, and is comfortable in deepente strokes, and is very comfortable.	r water.		
Unattended Please complete if yo		•	arture arrive or leave unattended.			
	age of 8 requ	ire the supervision	of a person 16+ years in order	to arrive & depar	t and cannot sig	n
themselves out*	ave apelicks:	rous shild				
Please check which da Arrive & Leave Unatt			W TH F			
Arrive (only) Unatten		M T	W TH F W TH F W TH F			
Leave (only) Unatten		M T	W TH F			
The City of Red Dee hours.	r day camp s	taff & The City of I	Red Deer will not be held resp	onsible for my ch	ild outside of re	gular c

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 Safe & Healthy Communities Manager, The City of Red Deer, Box 5008, 4914-48 Avenue, Red Deer, Alberta, T4N 3T4 or telephone (403) 342-8100

Document Number: 3238563