



# SUMMER PROGRAMS 2014 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 30

Parent/Guardian Name(s): \_\_\_\_\_ Last Grade Attended: \_\_\_\_\_

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

Phone Numbers: (h): \_\_\_\_\_ (w): \_\_\_\_\_ (c): \_\_\_\_\_

Child's Health Care #: \_\_\_\_\_ Family Doctor: \_\_\_\_\_ Phone#: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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

Lamont		
Space Explorers		
<input type="checkbox"/>	July 21-25	\$80
Crazy Creatures		
<input type="checkbox"/>	July 28-Aug 1	\$80
Summer Splash Bash		
<input type="checkbox"/>	August 4-8	\$80
Discovery: How Stuff Works		
<input type="checkbox"/>	August 18-22	\$80

Bruderheim		
Space Explorers		
<input type="checkbox"/>	July 21-25	\$80
Crazy Creatures		
<input type="checkbox"/>	July 28-Aug 1	\$80
Summer Splash Bash		
<input type="checkbox"/>	August 4-8	\$80
Discovery: How Stuff Works		
<input type="checkbox"/>	August 18-22	\$80

Mundare Bus to Lamont		
Space Explorers		
<input type="checkbox"/>	July 21-25	\$80
Crazy Creatures		
<input type="checkbox"/>	July 28-Aug 1	\$80
Summer Splash Bash		
<input type="checkbox"/>	August 4-8	\$80
Discovery: How Stuff Works		
<input type="checkbox"/>	August 18-22	\$80

Chipman Bus To Lamont		
Space Explorers		
<input type="checkbox"/>	July 21-25	\$80
Crazy Creatures		
<input type="checkbox"/>	July 28-Aug 1	\$80
Summer Splash Bash		
<input type="checkbox"/>	August 4-8	\$80
Discovery: How Stuff Works		
<input type="checkbox"/>	August 18-22	\$80

Preschool Camp		
Nature Adventure		
<input type="checkbox"/>	July 21-25	\$60
Animal Mania		
<input type="checkbox"/>	July 28-Aug 1	\$60
Wild & Wacky Waters		
<input type="checkbox"/>	August 4-8	\$60
Silly Scientists		
<input type="checkbox"/>	August 18-22	\$60

Teen Camping Trip		
<input type="checkbox"/>	Aug 11-14	\$150

Kid's Camping Trip		
<input type="checkbox"/>	July 15-17	\$100

Teen Field Trip		
<input type="checkbox"/>	K-days July 18	\$60

Girls Only Sleepover		
<input type="checkbox"/>	July 10-11	\$75

**Before and After Care:** 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. *\$5/Hour, firm.*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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 FCSS 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 FCSS Lamont County Region. 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, 5303-50<sup>th</sup> Ave. Lamont, AB T0B 2R0**