



2019 Play's Cool Registration Form

Ages 3 – 5 Years

*Must be filled out by parent/guardian and form must accompany payment

** Please Complete One Registration Form Per Child

*** Acceptable Forms of Payment: Cash/Debit/Cheque/Visa/MasterCard

Camp Location:

Westridge Curling Club
5400 - 52 Street

Lost & Found

Any items left behind will be available for pickup on site.
Any items left at the end of summer will be donated.

Participant Surname: _____ Birth date: (D/M/Y) _____

Participant First Name: _____ Male/Female: _____

Parent/Guardian 1: _____ 2: _____

Address: _____ City/Town: _____ Postal Code: _____

Phone Numbers 1: (Home) _____ (Business) _____ (Cell) _____

Parent/ Guardian 2: (Home) _____ (Business) _____ (Cell) _____

E-Mail Address 1: _____

E-Mail Address 2: _____

Name of Week	Week	Dates	Indicate which week(s) attending (v)	Fee	Total	Receipt # (Office Use Only)
Leaping Lions	1	July 2 – 5		\$60		
Up, Up And Away	2	July 8 – 12		\$75		
Hangin' In Hawaii	3	July 15 – 19		\$75		
Super Squad	4	July 22 – 26		\$75		
Wacky Wonderland	5	Jul 29 – Aug 2		\$75		
Frozen With Friends	6	August 6 - 9		\$60		
Awesome Astronauts	7	August 12 – 16		\$75		
Fairy Tale Tots	8	August 19 – 23		\$75		



Credit Card Payments

Weekly Payment

No Receipt

Full Payment
(please check)

Email Receipt
(please check)

Name on Credit Card: _____

Credit Card Type: _____

Credit Card Number: _____

Expiration Date: _____

Weekly credit card payments will be processed on the Wednesday before each registered week. If we are unable to process the payment you will be required to pay in person by Friday afternoon. Failure to pay will result in your child being removed from that week.

PROGRAM REFUND POLICY

A \$20 administrative fee will be retained for all refund requests.

A refund will be given in medical circumstances (pro-rated by days remaining in the camp). The refund request must be accompanied by a doctor's certificate. **All other refunds will need a minimum of seven (7) days notice.**

A full refund will be issued if the Community & Protective Services Department must cancel a program due to lack of registration.



Protection of Privacy - The personal information requested on this form is collected under the authority of Section 33 (c) of the *Alberta Freedom of Information and Protection of Privacy Act* and will be protected under Part 2 of that Act. It will be used for the purpose of collecting information for participants in the summer programs and/or activities. Direct any questions about this collection to: FOIP Coordinator at the Town of Stony Plain 780-963-2151.

Ph 780.963.2151 • Fax 780.963.2197 • Email sprograms@stonyplain.com



MEDICATION WAIVER AND CONSENT FORM

Please attach a recent photo of your child (head shot only)
Photo not returned

Child's Name: _____
 Address: _____ Postal Code: _____
 Age: _____ Birth Date: Day _____ Month _____ Year _____ Gender: _____
 Parent/Guardian #1: _____ Phone #: _____
 Parent/Guardian #2: _____ Phone #: _____
Alberta Health Care Number: _____
 Family Doctors Name: _____ Phone #: _____

In case of an accident or illness, the parent will be notified. If not available, please list other individuals authorized to be contacted:

Contact #1: _____ Phone #: _____ Relation to Child: _____
 Contact #2: _____ Phone #: _____ Relation to Child: _____

Is there anyone who is legally NOT authorized to pick up your child? YES / NO If "YES", please provide copies of court documents.

Does your child have any food allergies or diet restrictions we should be aware of? (Please list) _____

Does your child have any illness, learning/physical disability or any medical condition that our staff should be made aware of? _____

Is your child on any medication? (Please list) _____

Is your child able to administer their medication themselves? YES / NO

The Town of Stony Plain will assist with the administration of prescription medication if necessary or in case of an emergency. (This does not apply to over the counter medications which are not permitted to be brought to Summer Programs)

I _____ give permission for Town of Stony Plain Staff to assist _____ to administer the following

Parents Name

Name of child

medication(s) _____ at the following times _____

Medication Name(s)

Times

Does your child have any illnesses, injury or recent operation of which the staff should be aware of? _____

Suggestions from parents on behavior management or special needs for your child: _____

Medial Statement

In case of emergency or illness, every effort will be made to contact the parents or guardians. In the event that contact cannot be made, I agree that in case of emergency or illness, a qualified medial physician may attend to my child.

Photo Release Agreement (optional)

The undersigned hereby grants the Town of Stony Plain permission to take and publish still photographs and moving videos or publish those previously taken of my child.

Signature of Parent/Guardian

Date

Informed Consent

I am responsible for safe drop-off and pick-up of my child to the program site and am aware that supervision of my child before or after the program is not the responsibility of the programmer or the Town of Stony Plain. My child will abide by the rules and regulations imposed on the participants in the activity or program.

I further understand that the activities, programs and services offered by the Town of Stony Plain are sometimes conducted by personnel who may not be licensed, certified, or registered instructors or professionals. I accept the fact that the skill and competencies of some employees and/or volunteers will vary according to their training and experience.

I waive any claim I may have against the Town of Stony Plain arising from my child's participation in Summer Programs and agree to indemnify and hold harmless the Town of Stony Plain for any claim, including any claim for medical services arising from my child's participation in a program or event.

As the parent/guardian, this is my permission for the person in charge, or his deputy, to make arrangements for medical attention for my child(ren) in the event of an emergency, without the necessity of my prior approval. I understand that all reasonable efforts will be made to notify me as quickly as possible if this authority is exercised.

Elements of Risk

Recreational activity programs involve certain elements of risk. Injuries may occur while participating in these activities. I acknowledge that it is my responsibility to ensure that I am informed of the inherent risks of any of the activities or programs. I am aware that the Town of Stony Plain Summer Programs may involve some of the following activities (but not limited to): swimming, running, sports, biking/skateboarding, off site trips such as field trips, overnight trip, walking to local parks, and taking transportation on a school bus.

The risk of sustaining injuries results from the nature of the activity or program and can occur without fault of either the child, or the Town of Stony Plain, its employees/agents or the facility where the activity or program is taking place. By choosing to have your child take part in this activity or program, you are accepting the risk that your child may be injured. The chance of an injury occurring can be reduced by carefully following instructions at all times while engaged in the activity or program. If you choose to have your child participate in Summer Programs, you must understand that you bear the responsibility for any injury that might occur. The Town of Stony Plain does not provide accidental death, disability, dismemberment or medical expense insurance for participants of this activity.

Acknowledgement: WE HAVE READ THE ABOVE. WE UNDERSTAND THAT IN PARTICIPATING IN THE ACTIVITY OR PROGRAM DESCRIBED ABOVE, WE ARE ASSUMING THE RISKS ASSOCIATED WITH DOING SO.

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I declare that I have read, understood and agree to the contents of this Informed Consent Agreement in its entirety.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

