

# Sizzlin' Summer Registration

Program Dates: July 10<sup>th</sup> – August 18<sup>th</sup>, 2017

## Section 1: Participant Information

**Participant Name:**

**Participant Age:**

**Participant School Grade:**

**Participant Swim Level:**

**Does program participant require a lifejacket at all times?**

\*Please note: Participants requiring lifejackets will not be permitted to swim in the deep end\*

Yes

No

**Does program participant require a lifejacket in the deep end?**

\*Please note: Participants requiring lifejackets will not be permitted to swim in the deep end\*

Yes

No

**Please state any dietary restrictions your child has:**

**Please let us know if your child has a disability or any specific needs that we should be aware of (physical, emotional, behavioural, etc.)**

**If you would prefer to talk to FCSS about your child's specific needs**

**Please indicate any allergies, or medical conditions that we should be aware of:**

**Please indicate the treatment required for listed conditions:**

## Section 2: Parent/Guardian Information

**Parent/Guardian Name:**

**Home Phone:**

**Work Phone:**

**Cell Phone:**

**Can we text you?**

Yes

No

**Email:**

**Parent/Guardian Name:**

**Home Phone:**

**Work Phone:**

**Cell Phone:**

**Can we text you?**

Yes

No

**Email:**

**Emergency Contact:**

**Phone (Main):**

**Phone (Alternate):**

## Section 3: Pick up/drop off information

**To ensure your child's safety, children need to be signed in and out of the program every day. Identification will be requested upon pick up. Please indicate which method of pick up works best for you and your family:**

- My child is only allowed to leave with a parent/guardian/emergency contact person
- My child is allowed to sign him/herself out (must be at least 10 years old)
- Other family members or friends may pick my child up from the program

**Please list the names and numbers of those permitted to pick up your child:**

## Section 4: Terms & Conditions

I understand that once submitted payment is non-refundable

Initial

I understand that my registration is not completed until I submit my payment and registration to Vegreville & District FCSS

Initial

My child & I have read and understand the terms outlined in the Parent Handbook

Initial

## Section 5: Release and Waiver Form

I HEREBY AGREE TO THE FOLLOWING AS INITIALED BY MYSELF

- \_\_\_\_\_ **Risks and Dangers:** I hereby acknowledge and agree that participation in the Program involves elements of risk, hazard or danger, and that death, injuries, loss or damage may occur to my child.
- \_\_\_\_\_ **Fully Informed:** I acknowledge and agree that it is my responsibility to acquire and review all relevant information regarding the risks and hazards of the Program before consenting to my child's participation in the same.
- \_\_\_\_\_ **Assumption of Risk:** I acknowledge that there are inherent risks associated with the Program and that my child could sustain personal injury through participation in this event and I am hereby accepting to take that risk on behalf of my child.
- \_\_\_\_\_ **Waiver of Liability as Against the Town:** I acknowledge and agree that death, injury, loss or damage may occur as a result of my child's participation in the Program. I hereby freely accept and assume all risks associated with the participation of my child in the Program. I agree to save harmless and keep indemnified the Town of Vegreville and Vegreville & District Family and Community Support Services, its councillors, employees, volunteers, organizers and their respective agents, officials, servants and representatives from and against all claims actions, costs and expenses and demands in respect of death, injury, loss or damage to me or my child's person, however caused, rising out of or in connection with my child's taking part in this event but limited to taking part in this event, and notwithstanding that the same may have contributed to or occasioned by the negligence of the said bodies or any of them, their agencies, officials, servants or representatives.
- \_\_\_\_\_ **Compliance with Rules and Directions:** I acknowledge that in many situations Sizzlin' Summer staff may be involved in coaching or officiating these activities and that I shall accept the responsibility of observing my child's participation in these activities and should I have objection to the manner in which my child or myself are being supervised or instructed, I accept the responsibility to remove myself or my child from the activity. I agree that the Sizzlin' Summer staff may require my child to return home if a breach of those rules or the law occurs, and I agree to be responsible for and pay any and all costs that may arise from the same.
- \_\_\_\_\_ **Willful Departure:** I also acknowledge and agree that if my child comes in the custody or care of the Sizzlin' Summer staff and subsequently willfully departs without authorization from the custody or care of the Sizzlin' Summer staff during the Program, or breaches the applicable law, regulations or rules of the Program, the Town will not be responsible for any injury, loss or damage suffered by my child, including death.
- \_\_\_\_\_ **Additional Insurance:** I acknowledge that it is my responsibility to obtain any additional insurance (including but not limited to accidental death, disability or dismemberment or medical expense insurance) on behalf of my child.
- \_\_\_\_\_ **Emergency Medical Assistance:** I hereby give my consent for a Sizzlin' Summer staff member to call a medical practitioner or ambulance for my child in the event of accident or illness of a serious nature.
- \_\_\_\_\_ **In Town Field Trips:** I understand that as part of the Sizzlin' Summer Program, field trips and activities may be scheduled that require children to walk (supervised by leaders), to and from the activity or field trip within the Town of Vegreville.
- \_\_\_\_\_ **Photos:** I hereby give my consent for photos of my child to be take and used for promotional purposes by Vegreville and District Family and Community Support Services and the Town of Vegreville. I agree and understand that no names of the children in the photos will be attached.

I agree to let my child participate In Sizzlin' Summer

## Section 6: Parent Survey

**Before attending Sizzlin' Summer:**

**My child willingly plays with other children including those who may be left out**

Never      Almost Never      Sometimes      Fairly Often      Very Often

**My child plays by the rules**

Never      Almost Never      Sometimes      Fairly Often      Very Often

**My child speaks up for people who have been treated unfairly**

Never      Almost Never      Sometimes      Fairly Often      Very Often

## Section 7: Registration

Please check off which days you would like your child to attend programming:

Monday	Tuesday	Wednesday	Thursday	Friday
July 10	11	12	13	14
17	18	19	20	21
24	25	26	27	28
31	August 1	2	3	4
<b>No Program</b> 7	8	9	10	11
14	15	16	17	18

\$20/day

Total Days \_\_\_\_\_ x \$20 = \_\_\_\_\_

Cheques Payable to: Town of Vegreville

For office use only:

paid in full:

- Cheque
- Cash
- Credit/Debit

Date \_\_\_\_\_

Notes \_\_\_\_\_

\_\_\_\_\_

## Section 8: Medication Form (If needed)

Name of Parent/Guardian:

Name of Child:

Medication Name:

### Terms of Administration of Medication

- Staff will not administer prescribed or non-prescribed medications. Sizzlin' Summer staff will, however, remind participants to take medication.
- A daily dose of the prescribed medication must be brought to the program in its original container with the child's name, type of medication and prescribed dosage clearly labeled by the pharmacist or physician/
- Participants who require life-saving medications, such as Ventolin or an EpiPen will be responsible for having their medication on hand at all times.

I, the undersigned, do hereby agree to the terms as listed above.

\_\_\_\_\_  
Parents Signature

\_\_\_\_\_  
Date

PLEASE ATTACH ACTION PLANS FOR ANY SERIOUS MEDICAL ISSUES (e.g. EPI Pens, Seizures, Diabetes, Inhalers, etc)

Medications	Dose	Schedule & Other Details