

**Camrose County Summer Program
Summer in the Park 2023
Registration Form (no fee required)**

Parent/Guardian Name: _____

Address _____

Postal Code: _____ Email: _____

Phone: _____ Can we text this Number? Yes No

Location of Camrose County Summer Program requested: _____

1. Child Surname: _____ Given Name: _____

Age/D.O.B: _____ Gender: _____

Any Allergies: No Yes Type of Allergy: _____

Alberta Health Care #: _____

Emergency Medication(s): _____

2. Child Surname: _____ Given Name: _____

Age/D.O.B: _____ Gender: _____

Any Allergies: No Yes Type of Allergy: _____

Alberta Health Care #: _____

Emergency Medication(s): _____

Emergency Contact Person: _____

Phone Number: _____

Physician's Name: _____ Phone Number: _____

Other Information:

Authorized Pick Up Person

Who is authorized to pick up your child/ren from Camrose County Summer in the Park?

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

RELEASE FORM

I, the parent/guardian of the child(ren) named above give permission for them to participate in the Camrose County Summer Program. I assume all responsibility for his/her/their safety and well-being during the Summer in the Park activities.

Parent's Signature: _____

Date: _____

EMERGENCY CONSENT

- 1) It is the policy of this PROGRAM to notify a parent when a child is ill or needs medical attention. Occasionally we cannot contact parents and we need to get immediate help for the child. Our procedure is to call for an ambulance.
- 2) Please sign the consent below so that we can take the appropriate action on behalf of your child. We will take this consent with us to the Emergency Centre.
- 3) I hereby give consent for my child(ren): _____

_____ to be taken to the nearest emergency centre when I cannot be contacted.

- 4) I hereby give consent for my child named above to receive medical treatment.

Parent /Guardian Signature: _____

Date: _____

Witness: _____

Date: _____

MEDIA CONSENT

I, the parent/guardian give permission for any photos taken to be used by the Camrose Family Resource Centre Program-CDSS, for newspaper or magazine articles and for promotional materials.

Parent's Signature: _____

Date: _____