

**Summer in the Park
Registration Form (no fee required)**

Parent/Guardian Name: _____

Parent Email Address: _____

Legal Land Address: _____

Phone: _____ Postal Code: _____

First Child:

Child's Surname: _____ Given Name: _____

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

Any Allergies: No _____ Yes _____ Type of Allergy: _____

Alberta Health Care #: _____

Emergency Medication(s): _____

Second Child:

Child's 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: _____

RELEASE FORM:

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

Parent/Guardian Please Sign (any format): _____

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 _____ 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 please sign (any format): _____

Witness: _____

Date: _____

MEDIA CONSENT

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

Parent/Guardian Please Sign (any format): _____

Date: _____