

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

Parent/Guardian Name: \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Postal Code: \_\_\_\_\_

Child (s) Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Any Allergies: No \_\_\_\_\_ Yes \_\_\_\_\_ Type of Allergy: \_\_\_\_\_

Alberta Health Care #: \_\_\_\_\_

Child (s) Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Any Allergies: No \_\_\_\_\_ Yes \_\_\_\_\_ Type of Allergy: \_\_\_\_\_

Alberta Health Care #: \_\_\_\_\_

Child (s) Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Any Allergies: No \_\_\_\_\_ Yes \_\_\_\_\_ Type of Allergy: \_\_\_\_\_

Alberta Health Care #: \_\_\_\_\_

Comments for Playground Staff (behaviour, medication(s), disability, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_