



SUMMER CAMP REGISTRATION FORM

PLEASE SUBMIT THIS COMPLETED FORM TO THE CENTRE FOR CREATIVE ARTS OFFICE

PERSONAL DATA

PLEASE PRINT

NAME (FIRST)

(LAST)

CHILD: _____

PARENT: _____

PARENT: _____

BIRTH DATE OF CHILD: _____

AGE: _____

MALE

FEMALE (Circle one)

ADDRESS: _____

TOWN: _____

POSTAL CODE: _____

HOME PHONE: _____

ALTERNATIVE PHONE: _____

ALLERGIES: (please specify) _____

PRESENT MEDICAL CONDITIONS: (i.e. asthma, heart murmur, etc.) _____

ALBERTA HEALTH CARE NUMBER: _____

FAMILY PHYSICIAN: _____ PHONE: _____

THESE PEOPLE ARE AUTHORIZED TO PICK UP MY CHILD:

1. NAME: _____

2. NAME: _____

RELATIONSHIP: _____

RELATIONSHIP: _____

PHONE: _____

PHONE: _____





I HEREBY APPLY TO ENROLL MY CHILD IN THE SUMMER CAMP PROGRAM

Signature of Parent or Guardian

Date

Please Turn Page Over ⇨

The Centre for Creative Arts Summer Camp Program

-  I agree for my child's artwork to be displayed at the Centre for Creative Arts _____
Initial
-  I agree that my child's allergies may be posted in the classroom to serve as a reminder to the Instructors and parents _____
Initial
-  I agree to allow my child to be photographed while at the Centre for Creative Arts. The image may also be used for future promotions _____
Initial
-  The instructors will occasionally take the children outside to a neighboring green space or go on short walking trips. I give the Centre for Creative Arts Instructors permission to take my child(ren) off Centre property for field trips. _____
Initial

I AGREE TO:

1. Leave my child only for those hours for which he/she is registered for.
2. Abide by all the rules and regulations of the Summer Camp Program.
3. Disclose all pertinent information regarding my child to the summer camp staff.

Signature of Parent or Guardian

Date

The Summer Camp Program is operated by the charitable society The Centre for Creative Arts in Grande Prairie. The program will offer camps for children 4 years of age and up. The teachers, the board of directors and the staff at the Centre for Creative Arts are all concerned about the safety of the children and take reasonable and responsible care to ensure the safety of the children is not compromised.

RELEASE, WAIVER OF CLAIM AND ASSUMPTION OF RISK

I, _____, freely and voluntarily assume any risk and hazards inherent in _____'s attendance at The Centre for Creative Arts and participation in programs or activities organized by The Centre for Creative Arts. I waive any claim I may have against The Centre for Creative Arts, including any directors, officers, employees or agents associated with The Centre for Creative Arts, arising from my child's attendance and participation in any Summer Camp program or activities. I agree in indemnity and save harmless The Centre for Creative Arts for any claim, including any claim for medical services arising from my child's participation in any of The Centre for Creative Arts program or activities. This release, Waiver of Claim and Assumption of Risk is binding on me, my heirs, my executors, administrators, personal representatives and assigns.

Signature of Parent or Guardian

Date