



# Town of Strathmore

## Child, Youth and Family Programs

### SUMMER DAY CAMP PARTICIPANT REGISTRATION FORM

Would your family be interested in sponsoring a child to go to camp this year? Yes No

Amount: \_\_\_\_\_

Thank you for your support!

#### GENERAL INFORMATION:

Caregiver/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Caregiver/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Do you give permission for us to contact you by email for program updates?  Yes  No

#### PARTICIPANT INFORMATION:

Youth Name: \_\_\_\_\_

Address (if different): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Contact Number: \_\_\_\_\_

School Attending: \_\_\_\_\_

Youth Resides With:  Mother  Father  Both  Other: \_\_\_\_\_

Is there any individuals the youth is **not** to have contact with:  Yes  No

**\*Please note an official court order is required to be submitted for proper enforcement\***

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Is the youth able/allowed to sign themselves in and out of programs:  Yes  No

Is the youth allowed to walk home after programs:  Yes  No



**FAMILY DEMOGRAPHIC INFORMATION:** (This information is for statistics only and is not released to anyone)

What community do you live in: \_\_\_\_\_ In Town [ ] Rural [ ]

Number of family members living in the family residence: \_\_\_\_\_

**Family/parent status:** Birth – two parents [ ] Common law [ ] Guardianship [ ]  
Single Parent: Mother [ ] Father [ ] Blended Family [ ] Other [ ] \_\_\_\_\_

**Demographic composition of your family**

Caucasian [ ] First Nations [ ] Metis [ ] Blackfoot [ ] Cree [ ] Inuit [ ] African American [ ] Asian [ ]  
Chinese [ ] East Indian [ ] Japanese [ ] European [ ] Other [ ] \_\_\_\_\_

**Combined Family Income** (before taxes) *\*optional-this information will help us better serve you and your family*

Under \$16,400 [ ]	\$28,401 to \$32,400 [ ]	\$38,401 to \$41,400 [ ]
\$16,401 to \$22,400 [ ]	\$32,401 to \$35,400 [ ]	\$41,401 to \$45,500 [ ]
\$22,400 to \$28,400 [ ]	\$35,401 to \$38,400 [ ]	\$45,501 to \$50,000 [ ] over \$50,000 [ ]

**MEDICAL INFORMATION:**

Alberta Health Care Number: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Physician Number: \_\_\_\_\_

Allergies: [ ] Yes: \_\_\_\_\_ [ ] No

Explain reaction: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medical Conditions: [ ] Yes [ ] No

Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medications: [ ] Yes [ ] No

Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* Please Note: If your child will require their medication during the session, they must be able to administer doses on their own as our staff and volunteers are not permitted to administer medication. A Medication Administration Waiver must be on your child's file.



Behavioral Concerns/Diagnosis: [ ] Yes [ ] No

Please Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### EMERGENCY CONTACT INFORMATION:

1. Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_
2. Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_
3. Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

- Relationship: \_\_\_\_\_  
Cell Number: \_\_\_\_\_
- Relationship: \_\_\_\_\_  
Cell Number: \_\_\_\_\_
- Relationship: \_\_\_\_\_  
Cell Number: \_\_\_\_\_



## PROGRAM FEES FORM

Family Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Contact #: \_\_\_\_\_

Participants being registered: \_\_\_\_\_ / \_\_\_\_\_  
 \_\_\_\_\_ / \_\_\_\_\_  
 \_\_\_\_\_ / \_\_\_\_\_

Program	Session Start Date	Participant Name	Cost
<b>Total Paid:</b> _____ <b>Cash</b> _____ <b>Cheque #</b> _____ <b>Debit</b> _____		<b>Total Due</b>	

\* Official Receipts will be provided on the first day of program or can be mailed on request.

**Refund Policy:**

- If the Town of Strathmore cancels a program, a full reimbursement will be issued.
- All cancellations must be received in writing.
- Cancellations less than 14 days before the program start date are non-refundable unless we have a waitlist.
- Cancellations more than 14 days before a program can be refunded minus a 25% cancellation fee.
- Transfers (program swapping) are processed at no extra charge, however are dependent on availability and whether program minimums are met.
- Cancellations made after the program starts with a note from a medical doctor will be refunded accordingly (pro-rated).

**This form is a binding contract once signed. I/We acknowledge that we understand the terms and warrant the information above is correct. I/We agree to pay the program fess as quoted on the signed and dated *Program Fees Form*.**

Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Program Staff Signature \_\_\_\_\_



## YOUTH MEDIA CONSENT FORM

I, \_\_\_\_\_, the parent or guardian of \_\_\_\_\_ give/do not give  
(please circle one) consent to have his/her:

- Name                       Image (photos)                       Video  
 Film                       Audio

Taken and/ or used in promotional materials of the Town of Strathmore Youth Services.

This youth's image/ name/ voice may be published or used in:

- Printed promotional materials including but not limited to newspaper articles, program brochures, posters, reports, display boards, etc.  
 Digital promotional materials including but not limit to promotional videos, television commercials, etc.  
 Website recognition (internet)  
 Town and Youth Centre Facebook pages

The use of these materials are to be displayed to the public or used for other educational or fundraising purposes whether in whole or in part by the Town of Strathmore.

Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Program Staff Signature \_\_\_\_\_



## **2018-2019 PARTICIPANT RISK ACKNOWLEDGEMENT, RELEASE OF PERSONAL AND MEDICAL INFORMATION AND RELEASE, WAIVER OF CLAIM AND ASSUMPTION OF RISK**

Our goal is to provide a safe experience for all participants registered in programs offered by the Town of Strathmore. Our programs however, may include elements of risk and you, and/or, as the parent(s) or legal guardians of participant(s), will be required to complete, date and sign this Participant Risk Acknowledgement, Release of Personal and Medical Information, and, Release and Waiver of Claim and Assumption of Risk, before or at the time of enrollment in any Town of Strathmore programs. ***We believe in the informed consent of the participant(s) and/or legal guardian of the participant(s) to the identifiable and unforeseen risks that may occur during our programs.***

Enrollment in a program is your acknowledgement and acceptance of the risks or dangers that may occur during the program and thereby you, and/or as the parent(s) or legal guardian(s) of participants, are deemed to have accepted the risks or dangers of this program. Risks or dangers identifiable and unforeseen, in programs through the Town of Strathmore, include loss and/or damage of personal property. Injuries may occur when your child participates in activities such as sports programs, dances, bike riding, swimming, and hiking. Inclement weather, plant allergies, insect bites and allergies, food allergies, are other possible risks. There are also risks inherent and unforeseen when traveling to and from a program outing, which may include mishaps during transportation.

In consideration of my, and/or my child(ren) or charge's participation, I agree and acknowledge that:

1. My child(ren) or charge(s) and/or I have met all of the prerequisites required for participation in programs offered by the Town of Strathmore.
2. I freely and voluntarily release and discharge the Town of Strathmore, its employees, Directors, Officers, agents, instructors, volunteers, counselors and camp leaders from all claims, demands, rights and causes of action for damages, property loss or personal injury except in the case of negligence as defined by law, on the part of the Town of Strathmore, to me and/or my child(ren) or charge(s) howsoever caused which is in any way connected or related to the participation in Town of Strathmore programs.
3. I waive any claim I may have against the Town of Strathmore arising from my and/or my child(ren)'s or charge(s)' participation in any/ all program(s) and I will indemnify and save harmless Town of Strathmore, its agents, employees, Directors, Officers, instructors, volunteers, counselors and camp leaders for any claim, except Negligence as defined by law on the part of the Town of Strathmore.
4. I agree that by signing this Risk Acknowledgement, Release of Personal and Medical Information, and Release, Waiver of Claim and Assumption of Risk as a parent or guardian of a participant who is under the age of 18 years, I acknowledge that there are risks and hazards inherent in the program to which I am willing to expose my child or charge and I will pay for any costs incurred by the Town of Strathmore should a suit be launched on my child's or charge's behalf, except in the case of negligence as defined by law on the part of the Town of Strathmore.



5. The Town of Strathmore, including its agents, employees, volunteers, instructors, camp leaders and counselors, may collect, use, retain and disclose my child(ren) and/or charge(s)' and my personal information where in its sole discretion, it deems necessary and reasonable for the purpose of a safe and caring experience for the participant. For example, disclosure of personal information to third parties may occur in the event of accident, sickness, counseling, program assessment, legal proceedings, an investigation, or the preparation of tax receipts. The retention period for this personal information is seven (7) years from the date of its collection. In the event of program evaluation, aggregate data and not personally identifiable information will be collected and disclosed.

6. The Town of Strathmore may secure such medical advice and services as it, in its sole discretion, may deem necessary for my and/or my child's or charge(s)' health and safety and I shall be financially responsible for such advice and services that exceeds coverage by Alberta Health Care. Such care may include, although not limited to, the use of emergency services, hospitalization or the advice of a medical professional. I realize that a reasonable effort will be made to contact the primary contact person and/or emergency contact person if an emergency arises and if not available then as soon as is reasonably possible.

7. I HAVE CAREFULLY READ, UNDERSTAND, AND I AM FREELY SIGNING the Participant Risk Acknowledgement, Release of Personal and Medical Information and Release, Waiver of Claim and Assumption of Risk, and voluntarily accept and assume the risks or dangers inherent, identifiable and/or unforeseen in programs offered by the Youth Club of Strathmore, including personal injury and property loss, except in the case of negligence as defined by law on the part of the Town of Strathmore.

**I give my informed consent to the terms and conditions of this document. I have read and clearly understand that there are identifiable and unforeseen risks or dangers within programs at the Youth Club of Strathmore.**

Participants full name \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Program Staff Signature \_\_\_\_\_



## SUBSIDY APPLICATION FORM

### PARTICIPANT INFORMATION:

Youth Name: \_\_\_\_\_  
 Parent/Guardian: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
 Contact Number: \_\_\_\_\_  
 Cell Number: \_\_\_\_\_  
 Email: \_\_\_\_\_

### REQUEST FOR FUNDING:

Request Date: \_\_\_\_\_  
 Start Date: \_\_\_\_\_  
 End Date: \_\_\_\_\_

Program Name: \_\_\_\_\_  
 Fee: \_\_\_\_\_  
 Fee Contribution: \_\_\_\_\_

### SUBSIDY GUIDELINES:

To ensure the subsidy program is fair and just, the provincial Low Income Cutoff (LICO) rates from Statistics Canada and Alberta Child Health Benefit program are used as a guideline. **Exceptions to this guideline are made at the discretion of Hub Supervisor.** To determine eligibility, please refer to the chart below. **Each family must provide a copy of their 2018 income tax return assessment upon application to determine level of subsidy.**

Family Size	Annual Income Thresholds	% of subsidy eligibility (per program)
1 parent + 1 child	Up to 30,000	75%
1 parent + 2 children	30,001-50,000	50%
1 parent + 3 children	50,001-70,000	25%
Couple + 1 child	Up to 35,000	75%
Couple + 2 children	35,001-55,000	50%
Couple + 3 children	55,001-75,000	25%

\*For each additional child, add \$4,973

**This form is a binding contract once signed. I/We acknowledge that we understand the terms and warrant the information above is correct. I/We agree to pay the quoted program fees as above for program participation.**

Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Program Staff Signature \_\_\_\_\_





## **Participant Information Sheet**

**Year: 2019      Program:**

**Name:**

**Date of Birth:              Age:**

**Alberta Health Care #:**

**Medical/Behaviour Issues:**

**Allergies: Explain:**

**Media Release: Explain:**

**Waiver: Yes/No**

### **Parental/ Guardian information**

**Mother:    Contact #:**

**Father:    Contact #:**

### **Alternate Contact**

**Name:    Contact #:**

**Permission to walk home :**

**Time they may leave (if applicable) : \_\_\_\_\_**