



## Town of Strathmore Camp Participant Registration Form

Strathmore Motor Products Sports Centre  
1150 Edgeview Road  
Strathmore, AB T1P 0H2  
403-361-2121

**A Separate form must be filled in for each participant even if they are from the same family. \*\*\*only form needed for all PD Camps\*\*\*\***

By completing this form, you acknowledge that you're giving up certain legal rights and hereby represent and warrant to the Town of Strathmore: (1) You are over the age of majority in your jurisdiction of residence. (2) You are registering on behalf of a minor and are their parent/legal guardian and as such are fully authorized and entitled to enter into this agreement on their behalf. Please note this agreement requires you to read the Program Agreements on pages 4 through 7 and the Camp Guide and Protocols pages 1-2.

### PARTICIPANT INFORMATION:

Last Name: \_\_\_\_\_ Legal First Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Preferred Pronouns: \_\_\_\_\_

Address: \_\_\_\_\_ City, Postal Code: \_\_\_\_\_

Province: \_\_\_\_\_

### CAREGIVER INFORMATION:

Legal Guardian 1

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, Postal Code: \_\_\_\_\_

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

Relation to Child: \_\_\_\_\_ Email: \_\_\_\_\_

Caregivers will be contacted by email with program updates.

I \_\_\_\_\_ give permission to the Town of Strathmore to email program updates.

Legal Guardian 2 (If Applicable)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, Postal Code: \_\_\_\_\_

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



Strathmore

Relation to Child: \_\_\_\_\_

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### PICK UP/DROP OFF PERMISSION:

Please fill in this section if an adult other than the Legal Guardian of the Participant will be dropping off or picking up the child.

Not Applicable: [  ]

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, Postal Code: \_\_\_\_\_

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

Relation to Child: \_\_\_\_\_

### EMERGENCY CONTACT/ALTERNATE PICK UP:

This is a person over the age of 18 that the Town of Strathmore Staff can contact in the event of an emergency or missed pick up. This person will only be contacted if the Participant's Legal Guardians cannot be reached.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, Postal Code: \_\_\_\_\_

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

Relation to Child: \_\_\_\_\_

### EMERGENCY PROTECTION ORDERS

Are there any individuals the Participant is not to have contact with? [  ] Yes [  ] No

If "Yes" please provide a copy of the Emergency Protection Documentation for proper enforcement.

\*Note that only the Guardians and Emergency Contacts as they appear on this form will be allowed to pick up the Participant from the Strathmore Motor Products Sport Centre.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_



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### HEALTH HISTORY AND MEDICAL INFORMATION:

The more information you can provide, the better we can meet the needs of your child. This information will be used by Day Camp facilitators to support your child. Whatever information you provide us will be treated with confidence and respect.

Alberta Health #: \_\_\_\_\_ Physician Name: \_\_\_\_\_

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

Allergies:  Yes: \_\_\_\_\_  No

If yes, explain reaction, medication required and/or treatment: \_\_\_\_\_

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

Pre-existing Medical Conditions:  Yes  No

If yes, please explain: \_\_\_\_\_

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

Medications:  Yes  No

If yes, 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. Day Camp Staff will assist with reminding the Participant when to take medication and will call the Guardian if any issues arise with medication during the day. If you're sending medication with your child the Medication Dispensing Form must be filled out and returned with their registration package.**

Does your child require additional support at school:  Yes  No

Behavioral Concerns/Diagnosis:  Yes  No

(If your child requires additional support at school, **they will require additional support at camp**. Please contact us if your child requires an aide while they are attending their program. Support workers can attend our camp at no charge.)

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

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



If there is anything else you would like to note about your child, please feel free to include an additional page or contact us directly.

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### MEDIA CONSENT FORM

While attending Town of Strathmore Programs, media including name, image, video, file and audio of your child may be taken and used in promotional materials for the Town of Strathmore. The for-mentioned media 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 of Strathmore administrated Social Media pages

The use of these materials is 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.

#### Please Select One

I give consent for the afore mentioned media to be taken of my child and released by the Town of Strathmore as per this agreement.

I do not give consent for the afore mentioned media to be taken of my child and released by the Town of Strathmore as per this agreement.

Legal Guardian 1

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Legal Guardian 2 (if applicable)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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### **PARTICIPANT RISK ACKNOWLEDGMENT, RELEASE OF PERSONAL/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, as the caregiver(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 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.

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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. I understand that if my child(ren) requires additional support at school, I will send a support worker to attend the camp with them. I am aware that the Town of Strathmore offers an inclusive camp experience for all that attend, and those who are there as support workers can attend free of charge (must be over the age of 16 years old to act as a support worker).
7. In efforts to maintain the health and safety of program participants and staff members, I agree in the event my child(ren) or charge(s) become ill while attending the program, I will be notified and screening/ testing for COVID-19 will be conducted prior to returning to the program.
8. 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.
9. I understand all hygienic practices and protocols will be followed by Town of Strathmore employees to minimize the risks of contamination and transmission of COVID-19; however, despite such practices and protocols the risk of transmission of COVID-19 will remain and I understand and accept the possibility of infection.
10. 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 Town 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.

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

Legal Guardian 1

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Legal Guardian 2 (if applicable)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **FOIP NOTIFICATION**

Protection of Privacy - Personal information provided is collected in accordance with Section 33(c) of the Alberta *Freedom of Information and Protection of Privacy Act* (the FOIP Act) and will be protected under Part 2 of that Act. It will be used for the purpose of the Town of Strathmore Program. Should you require further information about collection, use and disclosure of personal information, please contact: Legislative Services department for the Town of Strathmore 403-934-3133.