



Cremona FCSS Program Registration Form

Please read all the contents of this registration form and clarify any questions or concerns with the Program Coordinator BEFORE signing.

Program Name: Summer Fun

Dates: July 2—August 22, 2013

PARTICIPANT INFORMATION	
Participant 1 Name (please print) _____	M F
Birth date _____	
Allergies _____	
Participant 2 Name _____	M F
Birth date _____	
Allergies _____	
Participant 3 Name _____	M F
Birth date _____	
Allergies _____	
Family Address _____	
Phone Number _____	
PARENT/GUARDIAN 1	PARENT/GUARDIAN 2
Name _____	Name _____
Address _____	Address _____
Home Phone _____	Home Phone _____
Cell/Work Phone _____	Cell/Work Phone _____
Email _____	Email _____
Name of additional authorized pick up person _____	
Relationship _____ Home Phone _____ Work/Cell _____	
Person (s) to whom child MAY NOT be released. Name, description & photo required _____	

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (FOIP) NOTICE
 The information on this form is collected under the authority of the Freedom of Information and Protection of Privacy Act (FOIP). The FOIP Act regulates the collection and disclosure of personal information. The privacy of personal information requested in this form is protected by the FOIP Act and is collected for the sole use of the Village of Cremona and Cremona Family & Community Support Services.



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ACKNOWLEDGEMENTS AND CONSENTS

1. My child/ward has been informed that he/she is to abide by the rules and regulations, including directions and instructions from the organization's and/or service provider's administrators, instructors and supervisors over all phases of the program/activity.
2. In the event that my child/ward fails to abide by these rules and regulations, disciplinary action may require his/her exclusion further participation, or that I be contacted to have him/her picked up, unless I have specified other transportation arrangements.
3. I acknowledge that it is my responsibility to advise the Activity Leader of any medical and/or health concerns of my child/ward that may affect his/her participation in the stated program or activity.
4. I acknowledge that the trip supervisors may secure transport to emergency medical services as they deem necessary for my child/ward's immediate health and safety, and that I shall be financially responsible for such services.
5. **I grant permission for Cremona Family & Community Support Services (FCSS) and the Village of Cremona the right to use, without payment of any fee or charge and without limitation on time or frequency, for non-profit educational, promotional or publicity purposes only, any photographs, video footage, audiotape or digital images of my child/ward.** Yes No

My child/ward's identity: May be revealed May NOT be revealed

Parent/Guardian Name (please print) _____

Signature _____

Date _____