



Camp Wanago Registration & Medical Information

PARTICIPATION INFORMATION

Participant Name: _____

Address: _____ Town: _____

Home Number: _____ Birth date: _____ Age at time of registration: _____

Which Municipality do you currently reside in?

- MD of Spirit River
 Town of Spirit River
 Village of Rycroft
 Other Please Specify

REGISTRATION DATES

Please check the applicable week(s) you would like to register:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Week 1
July 2-5,2013 | <input type="checkbox"/> Week 2
July 8-12, 2013 | <input type="checkbox"/> Week 3
July 15-19, 2013 | <input type="checkbox"/> Week 4
July 22-26, 2013 |
| <input type="checkbox"/> Week 5
July 29-Aug ,2013 | <input type="checkbox"/> Week 6
August 6-9 , 2013 | <input type="checkbox"/> Week 7
Aug, 12-16, 2013 | |

PAYMENT IS DUE UPON REGISTRATION TO RESERVE THE SPACE

\$60.00 per week x _____ weeks = \$____.00 OR \$15.00 per day for drop ins

MEDICAL & EMERGENCY CONTACT INFORMATION

Parent or Guardian: _____ Relationship to participant: _____

Home Phone: _____ Work Phone: _____ Cellular Phone: _____

Alternate Parent or Emergency Contact: _____ Relationship to participant: _____

Home Phone: _____ Work Phone: _____ Cellular Phone: _____

Is your child currently on any medications?

- Yes No If yes, please list: _____

Name of Family Doctor: _____ Alberta Health Care Number: _____

Telephone Number _____

Specify any allergies and their reactions:

Are there any restrictions in activity or diet? _____

(Continued on reverse →)

What is your child's swimming ability? (e.g. Level) _____

Is there any other information that the day camp staff should be aware of in regards to your child? Please specify any special needs of your child and explain using as much detail as necessary or attach additional page to this registration form.

CONSENTS AND WAIVERS

Please ***initial*** that you have received and reviewed the following documents:

- | | |
|---|---|
| <input type="checkbox"/> Parent package and all policies of Camp WaNaGo | <input type="checkbox"/> Freedom of Information and Protection (FOIP) * see parent package* |
| <input type="checkbox"/> Informed Consent Form | <input type="checkbox"/> Code of Conduct Agreement |
| <input type="checkbox"/> Paid required fees due upon this registration | |

In signing below, you acknowledge that you have read and accepted all terms and conditions of the program specifically the following:

- Your family will abide by the rules of the program as outlined in the parent package. Termination of registration can be made at the direction of the FCSS Program Coordinator for any policy breach or reoccurring disciplinary issues.
- In the event of a medical emergency, every effort will be made to inform the listed emergency contact persons immediately. In the event that they cannot be reached, Camp Wanago staff has permission to select a physician and provide that physician with the necessary consent to provide the proper and required treatment of the child during the emergency.
- This program is recreational, educational, and self-directed in nature. The acknowledged risks and dangers of participation may include, but not be limited to: accident or illness, negligence by other participants, travel by automobile or other conveyances, bodily injury, death, and property damage to my child and / or others during the course of this program.
- All information collected throughout the registration process is for the safety of your child and will be treated confidentially. The circulation of this information will be on a need-to-know basis among our staff members regarding participants as related to medical conditions, allergies, custody arrangements, immunizations etc.

THANK YOU FOR CHOOSING TO USE THE PROGRAMS AND SERVICES OF CENTRAL PEACE FAMILY AND COMMUNITY SUPPORT SERVICES. WE LOOK FORWARD TO A SUCCESSFUL SUMMER AT CAMP WANAGO!

Signature of Parent or Guardian: _____ Date: _____