

LEISURE ACTIVITY PROGRAM

June 30 – August 22, 2008

(no program July 1)

Little Explorers – 4 to 7 years (must have turned 4 by the 1st day of scheduled program)

Games, Crafts, swimming, field trips, splash park, outdoor activities and much more !

Full days, weekly, monthly and family rates available

Discovery Kids – 8 to 14 years (must have turned 8 by 1st day of scheduled program)

Canoeing, crafts, field trips including horseback riding, West Edmonton Mall Water Park, Galaxy Land and other exciting locations, weekly camp sleep over at the Aquatic Centre or Community Centre, theme weeks, swimming and much more!

Registration of Full weeks required. (Does not run August 4-8).

Family plans and payment plans available.

****A 20% administration fee will apply to all non-medical cancellations****

Program Registering In: _____

Registered Dates: _____ **Times (if applicable):** _____

Name: _____ **Birth Date (dd/mm/yr):** _____ Male () Female ()

Address: _____ **City:** _____

(COUNTY OF CAMROSE RESIDENTS PLEASE INDICATE : VILLAGE NAME _____ OR COUNTY ()

Postal Code: _____ **AB Health Care #:** _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

Emergency Contact (if different from above): _____

Phone: _____

Allergies/Medic Alert/Medications/Special Concerns:

Due to FOIP legislation, permission must be granted before pictures are published. We will be taking pictures during the weeks of the program to use for future advertising. Please indicate if we may take your child's picture: Yes: _____ No: _____

*The information contained on this form is collected under the authority of the Freedom of Information and Protection of Privacy Act and shall **only** be used for the purposes for which it was collected.*

Parent/Guardian Name: _____

(please print)

Parent/Guardian Signature: _____

Date: _____

Camrose Aquatic Centre
Summer programs
Informed Consent Agreement

NOTE: This **MUST BE SIGNED** before participation will be allowed.

I (please print) _____ (parent or guardian) am authorized and request to have (please print) _____ (participants name) participate in the City of Camrose Aquatic Centre Summer programs. I am aware that in addition to being at the Aquatic Centre the program will take place at various removed locations. Which I understand may/will involve, but not be limited to the following activities.

- | | |
|---|--|
| ➤ Various indoor and outdoor sport activities | ➤ Orienteering |
| ➤ Horseback riding | ➤ Outdoor based activities |
| ➤ Swimming / Spray park | ➤ Facility tours |
| ➤ Archery | ➤ Canoeing |
| ➤ Arts & Crafts | ➤ And other possible activities associated with this program |
| ➤ Campouts | |

I am Aware and Acknowledge that participation in recreational leisure and sport activities in general involves inherent risks which expose participants to the possibility of injury that include, but are not limited to, skin abrasions, Skin, nerve, bone, muscle, eye, spinal cord, skull and neck damage, pain, paralysis, brain injuries or even death.

I am Aware and Acknowledge that this program involves transportation by way of foot, and by bus, to and from the areas that the program takes place, and that my child will be exposed to all risks associated with foot travel and road and highway transportation.

I understand that in choosing to permit my child to participate brings with it the assumption of the risks outlined and I assume full responsibility to instruct my child about the risks and choices available to him/her relative to those risks.

I understand, agree and acknowledge that by choosing to have my child participate in this program brings with it the assumption by me and my child, of all risks associated with this activity including the specific risks as above. In addition I understand that I am free to withdraw my child from this program at any time.

I further understand that this program may be conducted by personnel whose skills and competencies vary according to training and experience. And that it is my responsibility to determine whether or not I am satisfied with the qualifications of the program personnel, including the persons involved with the transportation of my child.

I declare that I have read, understood, and agree to the contents of the above form in its entirety.

(parent / guardian)

(witness)

Date: year / mo / day