



# Kid Zone

## Summer Program Registration Form

*Grow with us.....*

### Family Information

Parent/Guardian Name	Mailing Address
Home Number	Cell Number

### Children's Information

Name		
Birthdate	Age:	Male      Female
Alberta Health Care Number		
Allergies & Medical Information		
Interests/Special Consideration		

Name		
Birthdate	Age:	Male      Female
Alberta Health Care Number		
Allergies & Medical Information		
Interests/Special Consideration		

Name		
Birthdate	Age:	Male      Female
Alberta Health Care Number		
Allergies & Medical Information		
Interests/Special Consideration		



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## Health Care & Medical

Policy for participation in the camp program requires that every participant have health insurance coverage. In addition, certain health/medical information must be made known to the instructor(s) conducting the program so that they are prepared to respond appropriately if the need arises. This information will be held in confidence.

FCSS will not administer any medication. If your child requires medical treatment, your signature on the Registration Form gives the FCSS Summer Program Staff authority to take initial steps to secure medical advice and services. You will be contacted as soon as possible. If you are unreachable, the person noted in the registration form will be contacted.

**Summer Program Insurance:** All programs offered through the FCSS Summer Program are insured through the Town of Manning.

**Emergency Plan:** Summer Program has an emergency plan and will be activated if needed by the Summer Program staff/parent volunteers.

**Transportation:** Automobile insurance is not provided by the F.C.S.S. Summer Program for the owner of the vehicle, if it is used during a sanctioned event. The registered owner of the vehicle is responsible for maintaining adequate automobile insurance. Any physical damage to the vehicle or liability resulting from its use during a sanctioned activity is the responsibility of the vehicle owner. Parent Drivers must be aware that their vehicle insurance should cover any FCSS Summer Program children/staff/riding with you if any accidents occur.

- Media Consent:** I authorize Manning & District Family Community Support Services permission to release the name and or pictures identifying my name or children in articles/promotion/Slide Presentations for displays and promotion of F.C.S.S.
- Permission for Summer Staff to **apply sunscreen**
- Permission for Summer Staff to **apply bug spray**
- Informed Consent:** I have read and understood the information provided with this form. I understand that there is a degree of risk involved in some activities. After carefully considering all the risks involved, and having full confidence that reasonable precautions will be taken for the safety and well-being of my child/ward, I authorize my child/ward to participate in the FCSS Summer Program activities.

Parent/Guardian's Printed Name

Parent/Guardian's Signature

Date

What hopes or expectation do you have for your child while attending the summer program?