

GIBBONS SUMMER PROGRAMS

Registration and Parent Agreement **PLEASE COMPLETE IN PEN

Child's Information

Child's Information:

Last Name:

First Name:

Date of Birth (mm/dd/yyyy):

Current Age:

School:

Grade for current year:

Please indicate any allergies/medical conditions, or special needs your child may have:

Child's Information:

Last Name:

First Name:

Date of Birth (mm/dd/yyyy):

Current Age:

School:

Grade for current year:

Please indicate any allergies/medical conditions, or special needs your child may have:

Child's Information:

Last Name:

First Name:

Date of Birth (mm/dd/yyyy):

Current Age:

School:

Grade for current year:

Please indicate any allergies/medical conditions, or special needs your child may have:

Child's Information:

Last Name:

First Name:

Date of Birth (mm/dd/yyyy):

Current Age:

School:

Grade for current year:

Please indicate any allergies/medical conditions, or special needs your child may have:

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Parent/Guardian Information			
First Parent/Guardians Information:			
Last Name:		First Name:	
Mailing Address:		Physical Street Address:	
Home Phone:	Cell Phone:	Work Phone:	
Second Parent/Guardians Information:			
Last Name:		First Name:	
Mailing Address:		Physical Street Address:	
Home Phone:	Cell Phone:	Work Phone:	
Non Guardian LOCAL Emergency Contact information (Must be an adult 18+ yrs. old) (Parent/Guardian will always be called first in cases of emergency)			
Name:	Physical Street Address:	Phone number:	
Relationship to child:		Alternative number:	
Name:	Physical Street Address:	Phone number:	
Relationship to child:		Alternative number:	
Sign In/Sign Out			
My child(ren) may sign themselves out and leave the program whenever they please Yes <input type="checkbox"/>			
No, they must be signed out by a parent/guardian <input type="checkbox"/>			
Additional Information			
I hereby verify that the above information is true and correct to the best of my knowledge.			
Parent or Guardians Signature:		Date:	

Waivers and Releases (to be completed by Parent or Legal Guardian)

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Parent Agreement

I _____, hereby release the program, its' employees, instructors, agents and volunteers from any claim for loss, injury or damage to person or property either directly or indirectly from the attendance, including participation in any activity scheduled or unscheduled, including travel to and from any location for myself or my child.

I understand that the Gibbons Summer Programs is a free drop in program provided by the Town of Gibbons, and that the following applies:

- Your child must sign in and out of the program. Staff will not be responsible for children once they have signed themselves out.
- There is a firm No "in and out" policy. Once a youth has signed out, they will not be allowed to sign back in.
- This Parent/Guardian Agreement must be returned before the youth can return to the program
- All children have agreed to:
 - Respect themselves and others
 - Respect the entire building, including: guest, program, property and staff
- All children will be responsible for their own behavior and understand that the consequences may include (but not limited to):
 - Being asked to leave the Gibbons Summer Programs for the day or for an extended period of time
 - Parents/Guardians or RCMP being notified and charges being laid
 - Being required to pay for any and all damages
- I understand that Gibbons Summer Programs staff make the final decision.

Photography Release and Waiver

I hereby ☐ authorize ☐ do not authorize (check one) the program to use photographs taken of the aforementioned individuals while attending or participating in The program and activities (scheduled or unscheduled) sanctioned by the Program Coordinator. Photographs may be used to promote the program or used in or as part of publications, advertisements, newsletters and displays intended for the general public. **Staff are not responsible for youth social media involvement. No other use of these photographs will be allowed.**

Media Release and Waiver

I hereby ☐ authorize ☐ do not authorize (check one) the program to use my child's image to be photographed or videotaped for use by TV, print or social media outlets (i.e. Facebook, Free Press, CBC, CTV, etc.) which may visit the program for the purpose of filming a news story, documentary or other production approved by the Program Coordinator. We understand that our child may be called upon by a journalist to answer question which we recognize will be screened and monitored by the Program.

Health Care Authorization

In case of illness or accident of my child and I cannot be reached by phone, I hereby ☐ authorize ☐ do not authorize (check one) the program or their representative, to send for or seek medical assistance. I agree that the Program staff, IN AN EMERGENCY, may call the ambulance. All costs incurred are the responsibility of the parent or guardian.

Consent to Administer First Aid

In case of illness or accident of my child and I cannot be reached by phone, I hereby ☐ authorize ☐ do not authorize (check one) program staff or their representative, who have been trained and certified in first aid, to administer any necessary first aid treatment. I agree that the Program staff, IN AN EMERGENCY, may call the ambulance. All costs incurred are the responsibility of the parent or guardian.

Section 37 (b) and 38 (1) (c) of the Freedom of Information and Protection of Privacy Act requires that for a public body to use or disclose personal information, the individual the information is about has identified the information and consented, in the prescribed manner, to the use of that information.

I acknowledge having read and understood this liability release and accept the terms therein.

Parent or Guardians Signature:

Date: