

**2019 Crossfield Summer Adventures Registration Form**

*\*\*All sections of this form must be complete\*\**

***Child’s Information:***

Child’s Name (First, Last):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_ Child’s Gender: FEMALE or MALE

Child’s Birth Date: ­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: Child’s Healthcare #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies/Medical Conditions: ***Please Circle*** YES or NO

If yes, please state them & provide all necessary information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Child’s Information:***

Child’s Name (First, Last):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_ Child’s Gender: FEMALE or MALE

Child’s Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: Child’s Healthcare #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies/Medical Conditions: ***Please Circle*** YES or NO

If yes, please state them & provide all necessary information:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Contact Information:***

Parent/Guardian Name(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work/Cell Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please Circle:*** Crossfield Resident or Rocky View County Resident or Other Municipality

Emergency Contact Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2nd Emergency Contact Name & Number:

 By checking this box, you are acknowledging that we will be calling 911 if an emergency were to occur.

***Please understand that the fee for the ambulance is your responsibility.***

***Permission for Release:***

For your child’s safety, please provide the name(s), phone number(s) and relationship(s) of the individual(s) whom we may release your child to when leaving Day Camp for the day (other than the parents/guardians listed above). Please list name(s) of individual(s) in the order of contact preference:

**1.** Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_­\_

**2.** Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_

Please check this box if your child may go home unsupervised at the end of the day. **Any changes must be made by a parent/guardian directly to a Camp Coordinator**

**Fee Schedule**

|  |  |  |
| --- | --- | --- |
|  | LOCAL | NON – LOCAL |
| FULL WEEK | 1st Child: $120Sub Child: $95 | 1st Child: $200Sub Child: $145 |
| SHORT WEEK (WEEK 5) | 1st Child: $100Sub Child: $80 | 1st Child: $150Sub Child: $110 |
| SINGLE DAY | $30 | $40 |
| FIELD TRIP | $50 | $60 |
| HAT \*Required\* | $5 \*see below for details\* | $5 \*see below for details\* |
| FOOD CARD | $5 | $5 |
| AFTER CARE \*Pre-Paid\* | $10/child/day | $10/child/day |

\*We are continuing to promote the reuse of the green hats that began in 2017. We know that many families have multiple hats from previous years of day camp- we would like to see previous children who attended day camp with their green hats. If you no longer have your green hat, one can be purchased for the price of five dollars. We hope to see you with your green hats!\*

**\*PLEASE NOTE: AN ADDITIONAL CHARGE WILL BE ADDED TO THE TOTAL COST WHEN PAYING BY CREDIT CARD.\***

**Discount: 3 weeks (paid up-front in full) - $20 off / child 6 weeks (paid up-front in full) - $60 off / child**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | THEME(FIELDTRIP)) | FULLWEEK | FIELDTRIP ONLY | TOTAL |
| WEEK 1(JULY 8 - JULY 12) | **CRIME SCENE INVESTIGATION (CSI)**(TYRRELL MUSEUM) |  |  |  |
| WEEK 2(JULY 15 – JULY 29) | **WILLY WONKA** (CALAWAY PARK) |  |  |  |
| WEEK 3(JULY 22 – JULY 26) | **MAKE A SPLASH** (TREE HOUSE AND VILLAGE SQUARE LEISURE CENTRE) |  |  |  |
| WEEK 4(JULY 29 – AUG 2) | **HOGWARTS REVAMPED**(COBBS ADVENTURE PARK) |  |  |  |
| WEEK 5 \*(AUG 6 – AUG 9) | **TREASURE ISLAND**(THE CALGARY ZOO) |  |  | (\*Short Week) |
| WEEK 6(AUG 12 – AUG 16) | **DR. SUESS**(HERITAGE PARK) |  |  |  |
| SINGLE DAYS (ADD DATES) |  | N/A | N/A |  |
| HAT | **\*REQUIRED\***  | N/A | N/A |  |
| FOOD CARDS | **#\_\_\_\_\_\_ @ $5/CARD** | N/A | N/A |  |
|  |  |  | **TOTAL** |  |

***After Care:***

Hours: 3:00 pm – 5:00 pm (**Child must be picked up no later than 5:00 pm**)

**Changes must be made by a parent/guardian directly to a Camp Coordinator**

|  |  |  |  |
| --- | --- | --- | --- |
| **Dates Required** | **Times** | **Total Time** | **Total Cost** |
|  |  |  |  |
|  |  |  |  |
|  | **After Care Cost** |  |

**Total Amount Paid (Registration & After Care): $­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Photography Consent:** please check this box to give staff permission to take and use photographs of your child during their participation in the Summer Adventures Program (for advertising).

**Field Trip Consent:** please check this box to give permission to take your child on field trips to the scheduled destination(s). Transportation is provided by a licensed charter to destinations outside of Crossfield limits.

* Children must be pre-registered to attend camp and full payment is required to confirm your child’s spot
* Registration is on a first-come, first-served basis
* A zero-tolerance policy is in place for inappropriate behavior. At the supervisor’s discretion, children will be removed from activities and/or the remainder of camp. ***No refunds will be provided in this situation***.
* **Cancellation Policy:** Cancellations must be made a minimum of 7 days in advance of the week you are registered for. If less than 7 days’ notice is given, ***$75*** of the registration fee will be kept (per child).

**Crossfield Summer Adventures Program Informed Consent Form**

I, ­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the parent/legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ understand and acknowledge that personal injury, property damage or loss, and possible death may occur during my child’s participation in the Crossfield Day Camp Society’s Summer Adventures Program. I fully understand these risks and hereby agree to allow my child to participate in the Crossfield Summer Adventures Program.

In consideration of my child’s participation in the Crossfield Day Camp Society’s Summer Adventures Program, I agree that the Crossfield Day Camp Society, the Town of Crossfield, and their employees, contractors and volunteers shall not be liable for any personal injury, property damage or loss, or death however arising, from or in any way resulting from my child’s participation in activities offered, organized, or provided by the Crossfield Day Camp Society. I further hereby agree to indemnify and hold harmless the Crossfield Day Camp Society, the Town of Crossfield, and their employees, contractors and volunteers from any damage, claims, or demands in respect of such damage or loss.

I, the parent/legal guardian of the participant named herein, hereby declare that I have read, and understood, and agree to the contents of this Informed Consent Form in its entirety. I agree to assume full responsibility to instruct my child of the risks involved, and to inform him/her of the importance of abiding by the rules, regulations and code of conduct. I, the parent/legal guardian, declare that the registration information I have provided is correct and agree that I am responsible to make the Summer Adventures Program staff aware of any changes that need to be made to my child’s information contained within this registration form. I, the parent/legal guardian, grant permission for the Summer Adventures Program staff to administer any minor medical treatment that may be required (provide bandages, cold packs, etc.).

Parent’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Please Print)

Parent’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please Note:** This Registration Form and Informed Consent Form will be kept on file for use by the Program Staff throughout 2017. The personal information on these forms is collected under the Freedom of Information and Protection of Privacy Act and is solely for the purpose of ensuring the care of your child while attending the Crossfield Day Camp Society’s Summer Adventures Program.

**How did you hear about us?**

 **Social Media Parade Print Posters in Town Word of Mouth Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**