

TOWN OF TOFIELD - SUMMER PROGRAM REGISTRATION FORM

July 2nd –August 23rd 2024

Morning Program- Ages 4*-6 years 9:30-11:30am (NO PROGRAM AUGUST 5th)

Afternoon Program- Ages 7-12 years 1:00-4:00pm (NO PROGRAM AUGUST 5th)

***Must** be 4 years of age and can toilet themselves to participate.

FAMILY CONTACT INFORMATION:

Parents Name: _____ Phone: _____

Cell #: _____ Email: _____

Mailing Address: _____

Emergency Contact (different than above): _____

Emergency Contact Phone #: _____

Name of Child: _____ **preferred pronoun:** she/he/they/them/other _____

Age: _____ AHC# _____

Allergies/Medications/Special Concerns:

Name of Child: _____ **preferred pronoun:** she/he/they/them/other _____

Age: _____ AHC# _____

Allergies/Medications/Special Concerns:

Name of Child: _____ **preferred pronoun:** she/he/they/them/other _____

Age: _____ AHC# _____

Allergies/Medications/Special Concerns:

** Our Facebook group: SUMMER PROGRAM TOFIELD

FOIP Waiver: 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 and use it in any type of advertising (newspaper, internet, posters, social media, etc.):

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 Signature: _____

**TOWN OF TOFIELD
SUMMER PROGRAM
2024**

Registration is complete when payment is received. Thank you!

I would like to register my child(ren) in the following programs.

- SUMMER PASS (not including field trips) \$40 x _____ = _____
- Drop-In Summer Program \$3 (per day) – Paid daily at the program.

Field Trips (Please see the brochure or contact us for registration deadlines)

- Fri, July 5th Bowling & Hot Dogs/Spray Park \$45 x _____ = _____
- Fri, July 12th Archery (Ages 7+) \$45 x _____ = _____
- Fri, July 26th Telus World Of Science \$50 x _____ = _____
- Thurs, Aug. 8th Edmonton Valley Zoo \$40 x _____ = _____
- Weds, Aug. 21st Jurassic Forest \$45 x _____ = _____

Total Field Trips _____

Bus to Swim

Session 1 : July 15-19 (Mon-Fri) \$70 x _____

Session 2: Aug. 12-16 (Mon-Fri) \$80 x _____
(Session 2 fees are \$70 if they haven't taken session 1 lessons)

Total Bus to Swim: _____

TOTAL FEES DUE:

PAID:

Town of Tofield-Summer Program 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**
(child(ren) names) _____

participate in the Town of Tofield's Children's summer program. I am aware that in addition to being at the Tofield Arena 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
- > Swimming/spray park
- > Arts and crafts
- > Facility tours
- > Outdoor based activities
- > And other possible activities associated with this program

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 permitting my child to participate brings with it assumption of all 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, I (guardian) and the registrant (child) assume 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 Signature: _____ Date: _____

Tofield Summer Program Code of Conduct

For the safety and enjoyment of your child, please read through this informational letter, which contains a set of rules for all participants in the program to follow throughout their time at the Town of Tofield Summer Program. Participants are expected to adhere to these rules for the summer program:

Participants will:

- Participate fully in the program including all activities, crafts, and special events.
- Follow all instructions from the Tofield Summer Program staff.
- Follow safety procedures and instructions for use of equipment during activities.
- Be respectful to Town of Tofield staff and other participants.
- Be responsible for his/her own behavior and encourage peers to make appropriate choices.

Participants will not:

- Leave the premises without leader supervision.
- Display aggressive verbal or physical abuse to staff, participants, or equipment.
- Use inappropriate language.
- Damage facilities or property of the Town of Tofield.

Failure to comply with these rules may affect your child's participation in the Tofield Summer Program. Any further questions or concerns should be directed to Jenn Guiton at tofieldsummerprogram@gmail.com or (780) 662-3269.

I, the parent/legal guardian have read the basic rules for my child's participation at the Town of Tofield Summer Program outlined above and agree to abide by the rules. I am aware of the consequences for my child if they fail to obey the program rules.

Registrant Name(s): _____

Parent/Guardian Printed Name: _____

Signature: _____

Date: _____