



DAY CAMP PARTICIPANT INFORMATION FORM AND MEDICAL EMERGENCY INFORMATION

(Note: separate form required for each participant)

*Guest Services **MUST** receive this completed form before participant will be admitted to participate in any camp. It is preferred that forms are dropped off a week prior to the commencement of the camp.*

<i>Please list each day camp and the session that your child has signed up for:</i>			
DAY CAMP: _____	SESSION: _____	DAY CAMP: _____	SESSION: _____
DAY CAMP: _____	SESSION: _____	DAY CAMP: _____	SESSION: _____
DAY CAMP: _____	SESSION: _____	DAY CAMP: _____	SESSION: _____

Participants name: (please print)		Participants Address:	
Participants Alberta Health Care number:		Child's Birth date:	
Parent/Guardian Surname, First Name:	Relationship to participant	Contact numbers _____ home _____ work _____ cell	
	Relationship to participant	Contact numbers _____ home _____ work _____ cell	
Parent/Guardian Surname, First Name (Must live in Calgary)		Relationship to participant	Contact numbers _____ home _____ work _____ cell

Emergency Contact: other than parent or guardian	Relationship to participant	Contact numbers _____ home _____ work _____ cell
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Please state any allergies, medical conditions, or medications that we should be aware of. (If your child requires medication, please complete "Medication Form" on the first day of camp)

Medications **MUST** be brought daily, in their original container, with a label indicating the type of medication, dosage, participant's and Physician's name.

FIELD TRIP WAIVER CONSENT OF PARTICIPANT:

I hereby authorize my child _____ to attend any out trips planned while at Trico Centre day camps. As a condition of participation in this program, the participant does so at his/her own risk and Trico Centre will not be liable for any loss, damage or injury in connection with such participation. The participant or parent/guardian of participant agrees to pay for ambulance service if so required and authorizes the Trico Centre to send participant directly to hospital by ambulance at their discretion.

Signature of parent or guardian _____ Date: _____

Turn over-->

Child Pick-Up Information:

To ensure a safe and smooth dismissal from day camp please (X) your choice below:

- My child is **ONLY** allowed to leave with parent or guardian indicated (id may be required).
- Other family members or friends, as indicated below, may pick up my child (id will be required)

- My child is allowed to leave the camp on their own.
- My child is allowed to wait outside to be picked-up (unsupervised)

Sunscreen and Insect Repellent: Participants are responsible for providing and applying their own sunscreen and insect repellent. Please send in original container with your child’s name on it.

Swimming

My Child has taken swimming lessons before (check one) _____ yes _____no

If yes, the last Swimming Level **completed** was _____

All participants **7 years** and younger **MUST** wear a life jacket in the pool.

Lifeguards/leaders reserve the right to limit access in the pool area at their discretion and for safety of your child

Photographs

- I give permission** for my child’s picture to be taken during their program at Family Leisure Centre. Photos could be used for promotional purposes in our brochure or website

_____	_____	_____
Child’s Name	Parent’s Signature	Date

- I do not give permission** to my child’s picture taken at any time by anyone at Family Leisure Centre.

_____	_____	_____
Child’s Name	Parent’s Signature	Date

*Parents are responsible for signing their children in and out of camp

Parent/Guardian Signature:

(I have read the information contained on these pages and have answered all the questions to the best of my knowledge)

Date		
YY	MM	DD

This personal information is being collected under the authority of the Freedom of Information and Protective and Privacy Act and is solely for the purpose of the Family Leisure Centre Day Camp programs. For more information contact Trico Centre for Family Wellness @ 278-7542