

Town and County of Barrhead

Recreation Summer Programs 2018

Registration for programs begins Monday June 18, 2018 and will continue until the date of the program. **Registration hours are: June 18- 22 from 8:30a.m. - 6:00p.m.; June 25, 27 and 29 from 8:00-4:30p.m. No registrations on June 26 & 28.** All registrations up until June 29, 2018 will be held at the Barrhead Regional Aquatics Centre front desk. After July 2, 2018, all registrations will be from 8:00a.m- 4:30p.m at the Barrhead Curling Rink.

Family & Parent/Guardian Name: _____ Phone: (home) _____ (work) _____
 Mailing Address: _____ Allergies/Health Concerns: _____ Postal Code: _____
 Epi Pen (does your child carry one) Yes___ No___
 Where you live: (check the box) Town of Barrhead Barrhead County Fort Assiniboine/Woodlands County Other _____

*****REGISTRATIONS WILL NOT BE ACCEPTED WITHOUT COMPLETED HEALTH CARE # AND SIGNED WAIVER FORM*****

PLEASE NOTE: FIRST COME FIRST SERVE WHEN SIGNING UP FOR THE PROGRAMS

PARTICIPANTS NAME	AGE	HEALTH CARE NUMBER	PROGRAM NAME & DATES ATTENDING	COST

Date: _____ Signature of Parent/Guardian: _____ TOTAL AMOUNT DUE: _____

****Please complete the waiver form on the back of this registration form and then
 Return this page to the Barrhead Regional Aquatic Centre Front Desk**

OFFICE USE ONLY: Amount PD: _____ P.C. Initials _____
 Receipt #: _____ Cash: _____ Chq. #: _____

****Please make all cheques payable to the Town of Barrhead. Please do not fill in
 The amounts until you have spoken to a summer program coordinator.**

All information provided is subject to the following sections of the Freedom of Information and Privacy Act (Section 16 (2) j-disclosure is not contrary to public interest if: (iii) attendants at or participation in a public event or activity related to a public body, including a graduation ceremony, sporting event, cultural program, club, or fieldtrip. Section 32- that information relates directly to and is necessary for an operating program of activity of a public body.

Emergency Contact/ Phone #: _____
 Relation to Participant: _____

IMPORTANT REGISTRATION INFORMATION

- All registration will be taken on a first come, first serve basis. Our department will try our best to accommodate all requests.
- Please do not assume that you are registered by phoning in. Payment must accompany registration.
- If the required number of participants is not obtained, the program is subject to cancellation or has been deemed unnecessary by the Barrhead Recreation Department.
- Also, due to the weather, the programs are subject to cancellation or are subject to change at the discretion of the advisors.
- Refunds will be issued ONLY due to medical illness or injury. A medical certificate must accompany your letter requesting a refund.
- NO SHOW = NO REFUND
- These programs offered are open to participants who require extra assistance. Parents of these children are encouraged to phone us to discuss participation opportunities.
- If your child is taking medication, long-term or short-term, it MUST be listed on the registration form under "health concerns".
- Registration will NOT be accepted without a completed health care number and signed waiver form.
- Please do NOT complete your cheque amount prior to registration.
- All children are to be SIGNED OUT of programs by a parent/guardian OR have a letter from the parent/guardian stating their child(ren) can walk home.

Waiver Form
Acknowledgement, Assumption of Risks, and Release of Claims
Town of Barrhead Summer Programs 2018

Name of Participant(s): _____

The safety and well-being of each participant is of paramount importance to the professional staff and employees of the Town of Barrhead. All reasonable care and precautions are taken to ensure an enjoyable and enriching experience. The following acknowledgement and assumption of risk and release of claims is both a requirement of insurance, coverage, and an important reminder to you as a parent/guardian to be sure that you and your child(ren) is/are properly prepared.

There are significant elements of risk in any adventure, sports, or activity associated with the indoor or outdoor use of games and activities. Although we have taken reasonable steps to provide your children with the appropriate equipment, skilled staff, and rules, any activity is not without risk. For your child's safety and that of the other participants, we think it is important for you to know in advance what is to be expected and to be informed of the inherent risks. I further understand and agree to comply with the following rules:

I understand the Summer Programs offered through the Town of Barrhead will take place in a dynamic environment and may include, but are not limited to, the following potential hazardous activities, initiative activities, games, and events.

I acknowledge that the following describes some BUT NOT ALL of those risks: risks of personal injury, accidents and/or illness including sprains, torn muscles and/or ligaments, fractured or broken bones, eye damage, cuts, wounds, scrapes, abrasions, and/or contusions, dehydration, oxygen shortage (anoxia), and/or exposure, head, neck, and/or spine injuries, allergic reactions, shock, paralysis, or death.

I understand the description of these risks is not complete and the unknown and the unanticipated may occur in these activities. I understand that all/or any of these activities may involve travel by bus or any other means. I allow my child(ren) to participate in spite of the risks. My child(ren's) participation in these activities is purely voluntary. No one is forcing my child(ren) to participate.

I allow my child(ren) in spite of the risks.

In consideration of services or property provided. I agree that the Town of Barrhead employees and the program advisors who care for my child(ren) for which I am parent, legal guardian, or otherwise responsible, any heir, personal representative, or assigns, agree that the Town of Barrhead Summer Program employees and volunteers, their insurers and each and every landowner, property owner, municipal and/or governmental agency upon those property and activity is conducted, if any, shall have no liability, for its sole negligence. I understand and accept all responsibility or negligence by my child(ren) that results in any damage including property, person, and transportation.

I have read this entire acknowledgement and assumption of risk and release of claims and fully understand the contents.

My signature indicates that I have satisfied my questions and concerns. I hereby grant the Town of Barrhead Program Advisors to take photographs, video recordings, and/or sound recordings of my child(ren) during their visit. I grant the Town of Barrhead to use the negatives, prints, motion pictures, video tapings, or any other reproduction of the same for promotional purposes, on flyers, on the World Wide Web, or in any other manner deemed necessary.

I understand that this release is a contract. I expressly state that I have read, understand, and am familiar with all its provisions and that I sign it of my own free will: _____ (Initial).

I hereby state that I am the parent or guardian of the minor. I am familiar with this consent and agree to the terms and provisions set forth in this release.

Signature of Parent/Guardian: _____ Date: _____

Parent's/Guardian's Printed Name: _____