



REGISTRATION FORM
 FILL OUT ONE FORM PER FAMILY.
 If needed, please ask for clarification before signing.



FULL NAME OF PARTICIPANT #1 FULL NAME OF PARTICIPANT #2 FULL NAME OF PARTICIPANT #3 FULL NAME OF PARTICIPANT #4			
_____ _____	_____ _____	_____ _____	_____ _____
Program: (Check all that apply.) <input type="checkbox"/> Summer Fun (6-9) <input type="checkbox"/> Extreme Adventures (9-14)	Program: (Check all that apply.) <input type="checkbox"/> Summer Fun (6-9) <input type="checkbox"/> Extreme Adventures (9-14)	Program: (Check all that apply.) <input type="checkbox"/> Summer Fun (6-9) <input type="checkbox"/> Extreme Adventures (9-14)	Program: (Check all that apply.) <input type="checkbox"/> Summer Fun (6-9) <input type="checkbox"/> Extreme Adventures (9-14)
Birthdate (mm/dd/yyyy) ____/____/____	Birthdate (mm/dd/yyyy) ____/____/____	Birthdate (mm/dd/yyyy) ____/____/____	Birthdate (mm/dd/yyyy) ____/____/____
PARENT/GUARDIAN 1		PARENT/GUARDIAN 2	
Name:		Name:	
Home Phone:	Business Phone:	Home Phone:	Business Phone:
Cell:	Email:	Cell:	Email:
How do you prefer to be contacted: (Check all that apply): <input type="checkbox"/> Text <input type="checkbox"/> Phone <input type="checkbox"/> Email		How do you prefer to be contacted: (Check all that apply): <input type="checkbox"/> Text <input type="checkbox"/> Phone <input type="checkbox"/> Email	
Names of other persons who ARE ALLOWED to pick up your children, if you are unable to do so yourself:			
Name:		Name:	
Home Phone:	Work/Cell Phone:	Home Phone:	Work/Cell Phone:
If there are persons who ARE NOT PERMITTED TO PICK UP YOUR CHILDREN . Please notify our staff before the program starts.			
Cancellation Policy: Please go to our Registration Policy at peaceriver.ca/summer for cancellation and refund information. Or you can request a copy by phoning 780-624-1000.			
Payment: Must be made by either cash or cheque. Cheques are to be made out to the Town of Peace River . No postdated cheques are permitted. Cheques will be cashed within two weeks of registration. NSF Cheques will attract a \$20.00 penalty.			

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (FOIP) NOTICE
The information on this form is collected under the authority of the Freedom of Information and Protection of Privacy Act (FOIP). The FOIP Act regulates the collection and disclosure of personal information. The privacy of personal information requested in this form is protected by the FOIP Act and is collected for the sole use of the Town of Peace River.



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Informed Consent:

1. My child/ward will be informed that he/she is to abide by the rules and regulations, including directions and instructions from the Town of Peace River administrators, instructors, and supervisors over all phases of the program/activity.
 Yes No

2. In the event my child/ward fails to abide by these rules and regulations, disciplinary action may require his/her exclusion from further participation, or that I be contacted to assist with supervision of my child, or to have them picked up, unless I have specified other transport arrangements.
 Yes No

3. I understand that if my child has been registered and does not fit the age requirements for the program/adventure, I will be asked to remove my child from the program and that I will not receive any reimbursement of my fees.
 Yes No

4. I acknowledge that it is my responsibility to advise the Program Coordinator of any medical and/or health concerns of my child/ward that may affect his/her participation in the stated program or activity, including behavioral concerns.
 Yes No

5. I acknowledge that the Program Coordinators may secure transport to emergency medical services as they deem necessary for my child/ward's immediate health and safety, and that I shall be financially responsible for such services.
 Yes No

6. I grant permission for my email address to be used solely for Program communications and/or updates, and for the Program Feedback Survey.
 Yes No

7. **I grant permission for (the Town of Peace River and all workshop providers/instructors) the right to use, without payment of any fee or charge and without limitation on time or frequency, for promotional or publicity purposes only, any photographs, video footage, audiotape or digital images of my child/ward.**
 Yes No

My child/ward's identity: Yes, my child's name may be revealed along with their photo/video
 No, my child's name may **not** be revealed with their photo/video

By signing below, I indicate that I have read, understand and am in agreement with all of the information listed on this form.

 Parent/Guardian Name (Print Name Clearly)

 Signature

 Date:

 Witness Signature

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