



Camp Wanago Registration & Medical Information

PARTICIPATION INFORMATION

Participant Name: _____

Address: _____ Town: _____

Home Number: _____ Birth date: _____ Age at time of registration: _____

Which Municipality do you currently reside in? _____

- MD of Spirit River Town of Spirit River Village of Rycroft Other Please Specify

REGISTRATION DATES

Please check the applicable week(s) you would like to register:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Week 1
July 2-5, 2019 (\$45) | <input type="checkbox"/> Week 2
July 8-12, 2019 | <input type="checkbox"/> Week 3
July 15-19, 2019 | <input type="checkbox"/> Week 4
July 22-26, 2019 |
| <input type="checkbox"/> Week 5
July 29- August 2, 2019 | <input type="checkbox"/> Week 6
August 6-9, 2019 (\$45) | <input type="checkbox"/> Week 7
August 12-16, 2019 | |

PAYMENT IS DUE UPON REGISTRATION TO RESERVE THE SPACE

\$60.00 per week x _____ weeks = \$ _____ .00 OR \$15.00 per day for drop-ins

MEDICAL & EMERGENCY CONTACT INFORMATION

Parent or Guardian: _____ Relationship to participant: _____

Home Phone: _____ Work Phone: _____ Cellular Phone: _____

Alternate Parent or Emergency Contact: _____ Relationship to participant: _____

Home Phone: _____ Work Phone: _____ Cellular Phone: _____

Is your child currently on any medications?

- Yes No If yes, please list: _____

Name of Family Doctor: _____ Alberta Health Care Number: _____
Telephone Number _____

Specify any allergies and their reactions:

Are there any restrictions in activity or diet? _____



What is your child's swimming ability? (e.g. Level) _____

Is there any other information that the day camp staff should be aware of in regards to your child? Please specify any special needs of your child and explain using as much detail as necessary or attach additional page to this registration form.

CONSENTS AND WAIVERS

Please ***initial*** that you have received and reviewed the following documents:

- | | |
|---|---|
| <input type="checkbox"/> Parent package and all policies of Camp Wanago | <input type="checkbox"/> Freedom of Information and Protection (FOIP) |
| <input type="checkbox"/> Informed Consent Form | <input type="checkbox"/> Code of Conduct Agreement |
| <input type="checkbox"/> Paid required fees due upon this registration | |

In signing below, you acknowledge that you have read and accepted all terms and conditions of the program specifically the following:

- Your family will abide by the rules of the program as outlined in the parent package. Termination of registration can be made at the direction of the FCSS Program Coordinator for any policy breach or reoccurring disciplinary issues.
- In the event of a medical emergency, every effort will be made to inform the listed emergency contact persons immediately. In the event that they cannot be reached, Camp Wanago staff has permission to select a physician and provide that physician with the necessary consent to provide the proper and required treatment of the child during the emergency.
- This program is recreational, educational, and self-directed in nature. The acknowledged risks and dangers of participation may include, but not be limited to: accident or illness, negligence by other participants, travel by automobile or other conveyances, bodily injury, death, and property damage to my child and/or others during the course of this program.
- All information collected throughout the registration process is for the safety of your child and will be treated confidentially. The circulation of this information will be on a need-to-know basis among our staff members regarding participants as related to medical conditions, allergies, custody arrangements, immunizations etc.

**THANK YOU FOR CHOOSING TO USE THE PROGRAMS AND SERVICES OF
CENTRAL PEACE FAMILY AND COMMUNITY SUPPORT SERVICES. WE LOOK FORWARD
TO A SUCCESSFUL SUMMER AT CAMP WANAGO!**

Signature of Parent or Guardian: _____ Date: _____

Camp Wanago Code of Conduct Contract

Camp Wanago Day Camp is a program that provides activities for children between the ages of 5 - 11 years old. The purpose of the camp is to provide healthy, safe activities during the summer months to all participants. The camp has the right to refuse any child from participating if he or she does not participate or behave in an appropriate manner.

The following procedure will be used for dealing with minor incidents with a child:

- 1) Warning
- 2) Timeout (incident report signed by parent)
- 3) Call to parent and possible dismissal from the rest of the day or next day's activities depending on severity of the incident.

The following behaviors will not be tolerated in the day camp environment:

- Swearing, vulgar language, spitting or disrespect to any other participant and/or camp staff.
- Hitting, punching, slapping or kicking.
- Teasing, bullying or threatening comments made towards a participant and/or camp staff.
- Failure to participate in activities or constantly being disruptive to the entire group.

Please note that depending on the seriousness of the incident, a child may be asked to leave the camp for a determined amount of time or possible removal from the program entirely. This decision is at the discretion of the Day Camp Supervisor and the FCSS Coordinator.

Declaration: I understand the FCSS Camp Wanago Code of Conduct and agree to follow these rules during my time at the camp.

Participant Signature

Date

Parent/Guardian: I have read and understood this FCSS Camp Wanago Code of Conduct and will be available to remove my child from the camp should that action be required. I understand the decision of the Day Camp Supervisor is final during the day of Camp Wanago. Any other direct concerns concerning actions or behaviors can be directed towards the FCSS Coordinator at 780-864-3500 ext. 1.

Parent/Guardian Signature

Date



Camp WaNaGo Alternative Pick-Up

Camp Wanago Day Camp is a program that provides activities for children during operation Monday to Friday, 9:00am to 3:00pm.

I, _____ (print name) allow the following individuals to pick up my child/children in the event I cannot be there:

Names of Alternative Pick-up

By signing this form, you give consent for your child(ren) to be released from Camp WaNaGo with the individuals listed above.

Parent/Guardian: I have read and understood this FCSS Camp WaNaGo Alternative Pick-Up Procedure.

Names of Children

Parent/Guardian Signature

Date

Any other direct concerns concerning actions or behaviors can be directed towards the FCSS Coordinator at 780-864-3500 ext. 1.



Freedom of Protection of Privacy Act

The information collected in the registration process is personal information as referred to in the Freedom of Information and Protection of Privacy (FOIP) Act. The personal information collected by Central Peace FCSS is collected for the purpose of ensuring our youth participants are safe, secure, and can be provided with a summer camp program that is both educational and recreational in nature.

The FOIP Act requires that participants/parents/guardians be advised of the collection and use of personal information.

The following items describe activities/instances where participant information may be used as part of the normal operation of Central Peace FCSS Camp Wanago Summer Day Camp Program. Please read the following list of activities carefully.

Activities Consent List

1. Photos and/or videos of day camp activities that are taken and used for advertising, public relations, and/or other promotion of the Central Peace FCSS program. This also includes the posting of artwork, written material, or other items to be displayed that have been created by the children.
2. Media photographs or videos of activities where individual students cannot be identified may be taken and used by the media. However, before the media identifies an individual student, the media must provide a form to be completed by the participant/parent/guardian.
3. The circulation of information on a need-to-know basis among our staff members regarding participants as related to medical conditions, allergies, custody arrangements, immunizations etc.
4. Other similar activities within the community as it relates to Camp Wanago.

I have read and understand and agree to the above terms of the Freedom of information and Protection of Privacy Act.

I, _____, give Central Peace FCSS permission to use photos /videos of myself, my child (ren) to help promote Camp Wanago and FCSS programs.

Names _____

Signature: _____

Date: _____

Informed Consent

We would like to thank you for choosing to use the programs and services of Central Peace Family and Community Support Services. We request your understanding and cooperation in maintaining the safety and health of us all by reading the following declaration.

I declare that my child intends to use some or all facilities, programs and/or services offered by Central Peace Family and Community Support Services and I understand that each person, my child included, have different capacities for participating in such facilities, programs and or services.

I am aware that the program, is recreational, educational or self-directed in nature and I acknowledge the risks and dangers may include, but not be limited to; accident or illness, negligence of other participants, travel by automobile or other conveyances, bodily injury, death and property damage to my child and/or others during this program.

I acknowledge that my child's choice to participate in these facilities, programs and/or services brings with it the assumption by me of risks or results stemming from this/these choices, which may be impacted by the fitness, health, awareness, care and skill possessed and used by my child.

I further understand that my child will be required to wear protective gear such as: appropriate foot wear and clothing in order to participate in the facility and/or program.

I understand that part of the risk involved in undertaking any activity or program is relative to ones own state of fitness or health (physical, mental or emotional) and the awareness, care and skill with which my child conducts themselves in that activity or program. I acknowledge that my child's choice to participate in these facilities and programs brings with it the assumption by me of risks or results stemming from this/these choice(s) and the fitness, health, awareness, care and skill that my child possesses and uses. In addition, I understand that I am free to withdraw my child from, reduce or modify involvement in any program activity.

I do hereby waive and release and will not hold any of the Central Peace FCSS staff, volunteers, instructors, or members of the Village of Rycroft, the Town of Spirit River, Birch Hills County, Municipal District of Spirit River and Saddle hills County administrations or councils responsible for any injury including fractured bones, bruises, abrasions, cuts, and possibly death which may occur during the time of my child(ren)'s participation in Camp Wanago Summer Day Camp Program.

You must demonstrate that you, the parent/legal guardian, have read, understand, and agree to these terms by signing below.

No registration form will be accepted without this signature, and this signature must come from a parent or legal guardian over the age of 18. By signing this form, parent or legal guardian acknowledges that they have read and understood the content of this informed consent and agree to it in full.

Signature _____ Date _____