



CALMAR SUMMER GETAWAY REGISTRATION 2017

Deadline for Registrations: June 22, 2017.

Please drop off completed forms, along with payment, to the Town Office.

NOTE: No drop-ins allowed, pre registration is required.

SPACE IS LIMITED. One form per child.

CHILD'S INFORMATION (PLEASE PRINT)

First Name: _____ Last Name: _____ Date of Birth: (d) / (m) / (y)

Alberta Health Care No: _____ Family Dr. Name & Phone Number: _____

Does your child have any allergies or other medical concerns? _____

PARENT/GUARDIAN INFORMATION (PLEASE PRINT):

First Name: _____ Last Name: _____ Phone Number: _____

Civic Address: _____ Town: _____ Postal Code: _____

Emergency Contact First Name: _____ Last Name: _____ Phone Number: _____

Is there specific pick up arrangements? If yes, please provide name and phone number: _____

SUMMER CAMP DATES

		TUESDAY	WEDNESDAY	THURSDAY
July 4—6	Spray Park & Alexander Outdoor Pool— Bus Leaves 9:30 Sharp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
July 11—13	Glow in the Dark Mini Golf— Bus Leaves 11:15 Sharp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
July 18—20	Jurassic Forest— Bus Leaves 9:15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
July 25—27	Discovery Centre #1—Bus Leaves 9:30 Sharp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aug. 1—3	Corn Maze— Bus Leaves 9:30 Sharp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aug. 8—10	Reynolds-Alberta Museum—Bus Leaves 9:15 Sharp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please mark down the dates your child will be attending.

The fee for ALL Summer Camp days is **\$160.00.**

Otherwise, each week will be \$10.00 and

Thursday's will be \$20.00 each for the Field Trips.

Registration Fee (Mandatory): \$ _____

Total Field Trip Fee (Optional): \$ _____

TOTAL AMOUNT DUE AND PAYABLE: \$ _____

NO GST

What to Bring to Camp

- * Water bottle
- * Peanut Free Snack/Lunch (Field Trips)
- * Change of clothes/Swimsuit/Towel
- * Hat/Bug Spray/Sunscreen
- * Medication/Any other important info
- **PLEASE LEAVE TOYS, GAMES, ELECTRONIC DEVICES, ETC. AT HOME**

Pick up and Drop off will be at the Calmar Community Hall (4815-49 St).
 Tuesday's and Wednesday's
 12:30-4:30PM.
Thursday field trips departure times as noted above.

Office Use Only: GL 1-72-00-590

For further information, please contact:
 AMANDA DECKER, SUMMER PROGRAM
 COORDINATOR @
 (780)554-4766 or summercamp@calmar.ca

ALL FEES MUST BE PAID UPON REGISTRATION. PAYMENT AND REGISTRATION MUST BE SUBMITTED NO LATER THAN **JUNE 22, 2017. NO REFUNDS.** PAYMENT METHODS ACCEPTED ARE AS FOLLOWS: CHEQUE, PAYABLE TO TOWN OF CALMAR, INTERAC, VISA, MASTERCARD, OR CASH.

RECEIPTS WILL BE SENT BY THE TOWN OF CALMAR DURING OFFICE HOURS.



Informed Consent Youth Form

Calmar's Summer Getaway Camp

I, _____, (parent/guardian) give permission and am allowing
_____ (child's name) to participate in the Town of Calmar's Summer

Getaway Camp and field trips.

I UNDERSTAND that the Getaway Camp will be using busses as transportation to and from the camps location (Calmar Community Hall) to the location of the field trips, which are indicated on the registration form. The children will also be doing activities outside of the Community Hall and walking to places around Calmar which include the Spray Park, library, and playground.

I AM AWARE AND ACKNOWLEDGE that the participation in the camps activities may involve inherent risks which expose participants to the possibility of injury.

I UNDERSTAND that the activities that will be done at the camp require a minimum level of fitness and physical, mental, and emotional health. I further understand that the probability of the risks occurring depends in part on my child's level of fitness and health, as well as an awareness, care, and skill with which my child conducts him or herself within the camp.

I UNDERSTAND that in choosing to permit my child to participate, brings with it the assumption of the risks, 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 camp, brings with it the assumption by both my child and myself, of the risks that could occur. In addition, I understand that I am free to withdraw my child from the camp immediately if I feel that it is not a safe environment for my child or if I feel like my child will be harmed in any way through participating in the camps activities.

I DECLARE that I have read, understood, and agree to the contents of the above form in its entirety.

(Parent/Guardian Signature)

(Witness Signature)

Date: _____