

Summer Programs Registration Form 2020

Child's name: _____

Date of Birth: _____ Age: _____ Female: _____ Male: _____

Parent's Address: _____

Child's Address: _____

Parent/Guardian: _____

Home Number: _____ Work number: _____

Email Address: _____

Emergency Contact (Other than Parent): _____

Phone Number: _____ Relationship: _____

Medical Conditions (Please notify us of any serious allergies at the beginning of each program): _____

Check the week(s) your child will attend:

- August 4th-7th
- August 10th-13th
- August 17th-20th
- August 24th-27th

Waiver:

- I hereby acknowledge that my child is registered for programs or activities organized, operated, or sanctioned by Athabasca Regional Multiplex Society.
- Furthermore, I do hereby release the Association, its members, officers, directors, employees, independent contractors, and agents from all recourses, claims, causes of action of any form whatsoever in respect of all personal injuries or property losses which my child may suffer out of or connected with my child's participation in the programs offered by Athabasca Regional Multiplex Society, notwithstanding the injuries or losses that may have been caused solely or partly by the negligence of the Association or any of its members, officers, directors, employees, independent contractors, or agents.
- I hereby also allow pictures to be taken of my child during Summer Programs that may be used at the discretion of Athabasca Regional Multiplex Society for promotional purposes.
- I hereby allow staff to assist my child in applying sunscreen.

Signature: _____

Date: _____