

CAMP BEAVERTAIL REGISTRATION FORM



NAME		BIRTH DATE (M/D/Y)	
DOCTOR'S NAME		DOCTOR'S PHONE	ALBERTA HEALTHCARE #
DOES YOUR CHILD HAVE AN ALLERGY (YES)? (IF YES, PLEASE SPECIFY)			
DOES YOUR CHILD HAVE ANY MEDICAL CONCERNS? (IF YES, PLEASE SPECIFY)			
IS YOUR CHILD TAKING ANY MEDICATIONS? (IF YES, PLEASE SPECIFY)			
PARENT/GUARDIAN'S FULL NAME			
ADDRESS	CITY/TOWN		POSTAL CODE
HOME PHONE	WORK PHONE	CELL PHONE	
EMAIL			
PRIMARY EMERGENCY CONTACT'S NAME		PHONE	

I WOULD LIKE TO REGISTER MY CHILD FOR THE FOLLOWING CAMPS (PLEASE PLACE A CHECK MARK BESIDE THE CAMP YOU WOULD LIKE TO REGISTER YOUR CHILD FOR)

CAMP DATES (CAMPS RUN FROM 8:30AM TO 4:30PM)	RATE	<input checked="" type="checkbox"/>
WEEK 1: JULY 8-12, 2019	\$125	<input type="checkbox"/>
WEEK 2: JULY 15-19, 2019	\$125	<input type="checkbox"/>
WEEK 3: JULY 22-26, 2019	\$125	<input type="checkbox"/>
WEEK 4: Girls Week/Boys Week JULY 29-AUGUST 2, 2019	\$125	<input type="checkbox"/>
WEEK 5: AUGUST 6-9, 2019 (REDUCED RATE DUE TO HOLIDAY)	\$100	<input type="checkbox"/>
WEEK 6: AUGUST 12-16, 2019	\$125	<input type="checkbox"/>
WEEK 7: AUGUST 19-23, 2019	\$125	<input type="checkbox"/>

*This year instead of themes we will be having a variety of different activities throughout the week based on children's interests. We will be doing centers daily which include different activities for the children to choose from such as cars, barbies, art, building, farm etc.

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LIABILITY RELEASE AND PARENTAL CONSENT FORM

I hereby waive, release, and discharge any and all claims for damages for personal injury, property damages or which may hereafter occur to me as a result of participation in summer camp. This release is intended to discharge in advance the Castor Minor Sports Council, the Town of Castor, the Recreation Director, its directors, officers, employees, instructors, coaches and volunteers and agents from liability, even though that liability may arise out of perceived negligence on the part of persons mentioned above. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assignees.

PARENTAL CONSENT

I give consent for my child _____ to participate in the above activities, and I execute the above liability release on their behalf.

CONSENT FOR TREATMENT

I hereby give my consent to have the above applicant treated by emergency medical personnel, a physician, or surgeon, in case of sudden illness or injury while participating in the above activity. It is understood that the Castor Minor Sports Council and/or the Town of Castor will not provide medical insurance for such treatment, and that the cost thereof will be at my expense.

PHOTO RELEASE

I _____ hereby authorize the Castor Minor Sports Council and the Town of Castor to publish the photographs taken of me and/or the undersigned minor child and our names, for use on their website, social media and newsletter. I release the Castor Minor Sports Council and the Town of Castor from any expectation of confidentiality for the undersigned child and attest that I am the parent or legal guardian of the child listed below and that I have the authority to authorize the Castor Minor Sports Council and the Town of Castor to use their photographs and name. I acknowledge that since participation in publications and websites produced by the Castor Minor Sports Council and the Town of Castor is voluntary, neither the minor child nor I will receive financial compensation. I further agree that participation in any publication and website produced by the Castor Minor Sports Council and the Town of Castor confers no rights of ownership whatsoever. I release the Castor Minor Sports Council and the Town of Castor, its contractors and its employees from liability from any claims by me or any third party in connection with my participation or the participation of the undersigned minor child.

Name of Child: _____

Age: _____

Parent or Guardian Signature

Date

Witness Signature

Date

For Office Use Only

Registration Fee: \$ _____ Date Paid: _____ Cash Cheque # _____