

Recreation, Parks & Culture, 2025 Oak Street, Sherwood Park, AB T8A 0W9

Phone (780) 467-2211 Fax (780) 464-8471

Program name _____ Program date _____

Registrant name _____
Last name _____ First name _____

Address _____
Street address _____ City _____

Birthdate _____ age _____ male female height _____ weight _____
(mm/dd/yy)

Swimming ability or level _____

Please designate at least one emergency contact who will be available during the program time.

Last name (if different from registrant)	First name	Phone number	Phone number Alternate

How will the registrant arrive at Strathcona Wilderness Centre? bus foot/bike car
If by car, please provide the drivers name _____ and phone number _____

How will the registrant depart from Strathcona Wilderness Centre? bus foot/bike car
If by car, please provide the drivers name _____ and phone number _____

How will the registrant depart from the Sherwood Park Arena? foot/bike car
If by car, please provide the drivers name _____ and phone number _____

If you are not staying overnight please skip to the last page.

Please check those items of which you have any knowledge of past or present medical conditions.

- asthma bedwetting bone/joints chronic headaches
- diabetes epilepsy head heart condition
- motion sickness nightmares sleepwalking skin disorder
- other _____

Provide details on any items that were selected above _____

Does the registrant have any allergies or reactions to things such as insect bites, grass, foods etc? yes no
If yes, identify the reaction and treatment given _____

Does the registrant have any conditions that require regular medication? yes no
If yes, identify the condition, the times and dosages required _____

Any special instructions regarding the health or emotional behavioral state that we should be aware of? yes no
If yes, please identify _____

Is there any medication, including non-prescription drugs that needs to be taken while at our facility? Please identify them here so our Leaders/Instructors can remind them at the appropriate times. _____

Camp and Overnight Programs – Information and Health

Please read the following statements carefully before signing.

I grant permission to allow the registrant to be transported by bus or van to the program site or destination.

I will ensure that my child's/ward's gear and personal clothing is appropriate as deemed by the enclosed equipment/gear list.

I understand that my child/ward will be taking part in a number of outdoor recreation pursuits and that they are physically prepared to take part in consultation with the attached Statement of Health Form. I recognize and acknowledge any inherent risks and hazards in participation in the program.

I understand that every care and attention will be given to the health, safety and comfort of my child/ward in cases of illness or injury, but that Strathcona County Recreation, Parks and Culture cannot be held liable for any injuries sustained due to the child's/ward's failure to take due care.

I hereby authorize the Program Leaders to secure medical advice and services as deemed necessary in the instances where all attempts to contact the parent or guardian have failed, for the health and safety of my child/ward or when the nature of the emergency allows insufficient time to contact such parent or guardian.

I agree to accept financial responsibility in excess of the benefits allowed by Provincial health Care where:

- the health and well-being of the participant is involved, and
- medical service has been such that further medical services are required, which need the consent of the parent or guardian.

I authorize Strathcona County to provide such medical care to the person listed above, as it may deem necessary in the event of injury or otherwise, and agree to pay for all expenses incurred thereby. In part consideration of Strathcona County permitting me or the person listed above to participate in activities of the Recreation, Parks and Culture Department, I agree to release and discharge and to indemnify and save harmless Strathcona County from and against all claims or proceedings by whomsoever made or brought, in respect of any costs, losses, damage or injury arising by reason of my/their participation in such activities or by reason of the provision of medical care to me/them.

I have read the above information and give permission for _____
Registrant's name

to attend _____ on _____
Program name Program date

Signature of parent/guardian

Date

Collection and use of personal information

Personal information is collected in accordance with section 3 of the *Municipal Government Act* and section 33 (c) of the *Freedom of Information and Protection of Privacy Act* (FOIP) and is protected by FOIP. It will be used to ensure that appropriate programming and staff are in place for all registrants. Medical condition information is requested so that we can be proactive in the service we provide during the camp. Information may be disclosed to Emergency Services in case of an incident requiring their assistance. If you have any questions about the collection and use of your information, contact the Coordinator, Central Services, Recreation, Parks and Culture, Strathcona County at (780) 467-2211.