

FCSS Summer Program Registration

Note: A Waiver Agreement must also be completed for White Water Rafting, Paintball, Go-Karting and Horse Back Riding trips. A separate registration form must be completed for Wii Games at the Empress and Rec at the Rink. These forms may be picked up at the Main Street Office.

Check the following programs your child will attend.

KIDZ KAMPZ	
Wild Wild West	
Fuzzy Furry Friends	
Reality T.V. Week	
Wild Wacky Water Days	
Going Bananas	
C.S.I. Macleod	

SPECIAL EVENTS	
Annual Boys Campout	
Dove girls slumber party	
Reading Program	
Pottery	
Summer Showcase	

ACTION ADVENTURE	
Go Karts/ Mini golf and Parklake	
Paintball	am or pm
Horseback Riding in Waterton	
White Water Rafting	
Archery	
Corn Maze	

Last Name:		First Name:		Middle Initial:
Current Address: (Box Number and Street Address)			City/Town:	
Province:	Postal Code:		Telephone:	
Date of Birth:		(Grade in May 2010)		Age:
Father's Name:		(Home Phone)	(Cell/Work Phone)	
Mother's Name:		(Home Phone)	(Cell/Work Phone)	
Emergency Contact: (Name)		(Telephone)	(Relationship)	
Person(s) authorized to pick up your child.				
Please list any allergies or dietary considerations:				
Medical History (Please list any medical conditions or medications your child is taking):				
Are there any other conditions your child has that may restrict his/her ability to take part in this program?				
Alberta Health Care Number:				
Does your child require an aid at school?				

In pursuance of my desire to have my child/children participate in an F.C.S.S. program, I make the following statement.

Although I may or may not have participated in this type of program previously, I do understand and acknowledge that in any such program there are normal hazards and risks involved. These risks are those which the Town of Fort Macleod has no control accordingly. Due to my child/children's desire to participate in this program, I accept the risks willingly and agree not to hold the Town of Fort Macleod, Family and Community Support Services, or any other servants, agents, employees or volunteers responsible for injuries my child/children might sustain through these hazards or risks.

Attendance will be taken daily, however, due to the nature of this program F.C.S.S. is only responsible for those children who check-in on that particular day. We are not responsible for children left unattended before and after program hours. F.C.S.S. operates all programs with a ZERO tolerance policy for inappropriate behavior. I also give permission to use my child/children's picture taken as a part of F.C.S.S. programs for advertising/promotional purposes related to F.C.S.S. as set by the director.

I assert that the information on this application is true and accurate to the best of my knowledge as of the date listed below.

Parent Signature: _____

Date: _____