



Alison Neighbourhood  
community centre

# Alison Neighbourhood Community Centre Daycamp Program Registration Form

## Participant Information

Name		Age	Gender <input type="checkbox"/> M <input type="checkbox"/> F	
Address		Parent/Guardian Name		
Date of Birth (MM/DD/YYYY)		City	Postal Code	
Phone#	Alternate#	Emergency Contact#	Relationship to participant	
E-mail Address:		Please e-mail program updates and newsletters <input type="checkbox"/> Yes <input type="checkbox"/> No		

## Registration Details

Week(s)	Date/Trip(s)	Departure	Return	Bring	Fee
1	Wedges & Woods- Mini Golf Soper Pool- Swimming			Bathing Suit, towel, lifejacket, (if necessary)	
2	Lion's Lagoon- Splash park, Soper Pool- Swimming Empire Theatres- Movies			Bathing Suit, towel, lifejacket, (if necessary)	
3	African Lion's Safari Soper Pool- Swimming			Bathing Suit, towel, lifejacket, (if necessary)	
4	Bingeman's- Waterpark, Soper Pool- Swimming Churchill Park- Playday			Bathing Suit, towel, lifejacket, (if necessary)	
5	Chicopee Tube Park- sliding & zip lining, Soper Pool- Swimming			Bathing Suit, towel, lifejacket, (if necessary)	
6	Dickson Bowl, Kelso Park- Beach, Soper Pool- Swimming			Bathing Suit, towel, lifejacket, (if necessary)	

### Payment Information:

Cash/Cheque Total \_\_\_\_\_ Subsidy Total \_\_\_\_\_ Other Total \_\_\_\_\_

Total

At the end of the day, my child will be:  Walking Home  Picked up by a family member/friend  Other

Person(s) designated to pick up my child:

## Medical Information

Medical concerns/conditions: No  Yes  If yes, please explain:

(e.g. asthma, diabetes)

Does your child have a disability or special need? No  Yes  If yes, please explain:

Does participant require support/accommodation due to a disability? No  Yes

Is your child able to attend school successfully? No  Yes

Please identify what type of assistance your child receives within the school system.

(Please be specific, i.e. educational assistant, IEP, etc.)

**PLEASE NOTE: STAFF DO NOT ADMINISTER MEDICATIONS**

Does your child require an inhaler or EpiPen®? No  Yes

If yes, please note a separate form must be completed and returned and on file

### Registration Continued...

- You must sign your child in and out each and every time they are in a program. Please note that if you have someone else picking them up other than the designated person indicated, an additional permission form must be filled out before the program starts.
- Please note that Alison Neighbourhood Community Centre uses a progressive discipline model aimed at providing a safe and enjoyable environment for all who attend. Staff are committed to encouraging appropriate behavior by using a problem solving approach to correct unacceptable behavior and recognizing and reinforcing appropriate behavior. All behavior issues will be discussed with the parent/guardian as they arise.

Initial \_\_\_\_\_

### Swimming Information

For everyone's safety, the following height restrictions have been instituted at all City of Cambridge swimming pools: A child must be 45 inches / .63 meters to attend recreational swimming alone, or they may be accompanied and monitored by someone thirteen years of age or older with or without the use of swimming aids.

To verify the status of your child's swimming ability, please provide us the following information:

Weeks attending Playground:      1      2      3      4      5      6

(Circle)

Swimming Level: \_\_\_\_\_ or  N/A

(e.g. Tadpole, Aquaquest 1)

Does your child have a City of Cambridge Aquatics Pass?     Yes     No

Initial \_\_\_\_\_

*For more information about pool admission standards please call (519)740-4681 ext 4527*

### Waiver

#### 1. AUTHORIZATION AND RELEASE

I, as parent or guardian of the above-named participant, do hereby release from all liability, including all volunteers working on behalf of the said association, Alison Neighbourhood Community Centre and their employees and representatives for any injuries, illnesses, or other mishap that may be incurred by the above named participant in the program registered. In the event the participant should be injured or become ill, I authorize any medical treatment that may be required and will assume full financial responsibility for said treatment.

#### 2. PERMISSION FORM

I hereby give my child permission to travel locally to activities and events with the staff and volunteers on the above terms. Prior notice / schedules of activities will be given.

#### 3. PHOTO RELEASE PERMISSION

The undersigned hereby grants permission to use photographs of my children in print or electronic media.

I acknowledge that all information given to Alison Neighbourhood Community Centre is accurate and complete,

Dated \_\_\_\_\_ Signed \_\_\_\_\_