



# Summer Playground Program Registration Form

ID Number (Staff  
use only):

Receipt #

## Participant Information

Name		Grade in <b>2021/2022</b>	Age	Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Prefer not to say
Date of Birth (DD/MM/YYYY)		Height	Weight	
Parent(s)/Guardian Name(s)				
Address		City	Postal Code	
Primary Contact Person			Primary Contact Number	
Secondary Contact Person			Secondary Contact Number	
E-mail Address:		New to Alison Neighbourhood? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please e-mail program updates and newsletters <input type="checkbox"/> Yes <input type="checkbox"/> No	

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:

## Registration Details

Week (s)	Theme		Camp fees	Add Early Drop Off (8:30)	Add Late pick up (5:00)	Total Cost	
1	Ships Ahoy!		<input type="checkbox"/> \$100	<input type="checkbox"/> \$15	<input type="checkbox"/> \$25		
2	Wizardsing World of Alison		<input type="checkbox"/> \$100	<input type="checkbox"/> \$15	<input type="checkbox"/> \$25		
3	Rumble in the Jungle		<input type="checkbox"/> \$100	<input type="checkbox"/> \$15	<input type="checkbox"/> \$25		
4	Heroes to the Rescue		<input type="checkbox"/> \$100	<input type="checkbox"/> \$15	<input type="checkbox"/> \$25		
5	Medieval Kingdom		<input type="checkbox"/> \$85	<input type="checkbox"/> \$15	<input type="checkbox"/> \$25		
6	Under the Sea		<input type="checkbox"/> \$100	<input type="checkbox"/> \$15	<input type="checkbox"/> \$25		
7	Tangled in Time		<input type="checkbox"/> \$100	<input type="checkbox"/> \$15	<input type="checkbox"/> \$25		
Totals							
Cash		Cheque	Credit	Post Dated Cheque	E Transfer	Subsidy	Total Program fees paid by family

## Medical Information

Medical concerns/conditions/allergies: No ☐ Yes ☐ If yes, please explain: (e.g. asthma, diabetes)

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.

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 ☐

Does your child receive additional supports within the school system? No ☐ Yes ☐

If yes, please indicate, here \_\_\_\_\_

### Sunscreen Permission

Sunscreen Permission I authorize staff and volunteers to assist my child in applying sunscreen. If my child has forgotten their personal spray sunscreen, I authorize for the application of sunscreen that will be on site.

☐ Yes ☐ No

### Program Readiness: Code of Conduct

To support the success, safety and inclusion of all individuals registered and participating in ANCC programs, it is important that participants attending these programs are indeed **“Program Ready”**.

To assist in determining if a participant is “Program Ready”, the following criteria have been developed:

- ☐ Participant is able to take direction and instruction from a staff person.
- ☐ Participant is comfortable and able to interact in a group environment.
- ☐ Participant is able to participate in the program. Participation, interaction and inclusion into programs is based on the child’s individual needs. However, it is asked that the participant can demonstrate the basic skill and participate in up to 50% of the program.
- ☐ Participant interacts and participates in the program in a manner that is safe for themselves and others.

Participants that are attending a program and who are not demonstrating that they are “Program Ready” may benefit from additional supports via ANCC program staff or partnering service agencies. It is the intention of staff to provide a fun and safe program environment for your child. Program staff have been trained in a variety of behaviour management techniques to encourage positive behaviour and self-discipline.

***In instances where a child is causing harm to himself or to someone else or engaging in unsafe behaviour, staff may be required to intervene or remove your child from the program.***

All participants need to be “Program Ready”. Our goal is your child’s safety and success! Initial \_\_\_\_\_

### Swimming Information

We abide by the City of Cambridge’s Pool Admission Standards for all Aquatic trips. All children will be tested on their ability to swim and will be given a corresponding band, (Red, Yellow or Green) so that they can be clearly identified by ANCC and Aquatics staff. **ANCC staff and volunteers will ensure that all participants, regardless of swimming ability, will have fun and be safe!**

Initial \_\_\_\_\_

### Waiver

**1. AUTHORIZATION and RELEASE:** I, in my personal capacity and on behalf of the participant, do hereby **RELEASE FROM ALL LIABILITY** Alison Neighbourhood Community Centre, its Directors, volunteers, employees, agent and representatives (hereinafter Releasee) for any injuries, illnesses or other mishap that may be incurred by the participant while attending a registered or drop in program or event, except where damage or injury is caused by the gross negligence of the Releasee. 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 the said treatment. At no time is the Releasee liable for the action/inaction of any support worker supplied by and/or for the participant.

**2. PERMISSION FORM:** I hereby give my child permission to travel off-site to activities and events with the staff and volunteers on the above terms. Prior notice/schedules of activities will be provided. I authorize that I/my child may be digitally imaged for public relations material/purposes.

**3. PERSONAL INFORMATION collected** on this form is obtained in compliance with the Personal Health Information Protection Act (PHIPA) and will be used only for the purpose of the ANCC. Questions about the collection of personal information should be directed to the ANCC Health Information Custodian by calling 519-620-1867.

**4. PHOTO RELEASE PERMISSION:** I hereby give my permission to Alison Neighbourhood Community Centre and the Cambridge Neighbourhood Organizations for the unrestricted right to take, use and publish my photograph, video and likeness in publications, promotional materials, website and any other communication vehicles, including electronic forms, at its discretion. Further, ANCC/CNO shall have the exclusive right to make use of such photographs as it deems appropriate for purposes including, but not limited to, the promotion or illustration of its programs and activities. I release Alison Neighbourhood Community Centre and the Cambridge Neighbourhood Organizations and all its directors, officers, employees, and agents from liability claims and costs of whatever kind occurring in connection with being photographed or from the use of images obtained therefrom.

BY SIGNING THIS RELEASE, YOU ARE RELEASING ALL LEGAL RIGHTS AGAINST ANCC.

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