



## 2019 Summer Fun Program Registration

For Children and Youth Ages 5-12

Child's Name: \_\_\_\_\_

The program will operate weekly from July 2<sup>nd</sup> to August 15<sup>th</sup>, 2019. The program will run Monday to Thursday from 9 a.m. to 4 p.m., (except for statutory holidays and field trip days) in Delia on Monday and Tuesday and Morrin on Wednesday and Thursday (see attached calendar).

**Pre-registration is necessary for your child(ren) to secure a placement in the program. Advance payment is required. If you would like to make alternate arrangements, please contact Diana at 403-820-1116. Pre-registration deadline is June 25<sup>th</sup>, 2019.**

Please circle all the dates your child will be participating in the program, including field trip dates.

Week	Monday (Delia)	Tuesday (Delia)	Wednesday (Morrin)	Thursday (Morrin)
July 1-4	1 No Program STAT	2	3	4
July 8-11	8	9	10	11
July 15-18	15	16	17	18
July 22-25	22	23	24 Telus Spark Science Centre	25
July 29- Aug 1	29	30	31	1
Aug 5-8	5 No program STAT	6 Minds in Motion	7	8
Aug 12-15	12	13 Last Day in Delia	14 Stettler Pool	15 Last Day in Morrin

**Registration deadline is June 25<sup>th</sup>, 2019.** Bring your completed registration package with payment to the Starland County Office in Morrin, or to Delia or Morrin School offices. Registrations will be picked up daily until June 25<sup>th</sup>. Please make cheques payable to Starland County.

**For more information contact Diana Rowe, Starland FCSS Program Director, by phone at 403-820-1116.**



**Information To Be Supplied By Parent/Guardian**

A. Emergency contact person:

\_\_\_\_\_

Phone number:

\_\_\_\_\_

B. Please be advised of the following special instructions/information concerning the student, i.e. allergies, non-swimmer, etc. (Please note that if the trip supervisor/s is/are unable to accommodate any special needs of the students, field trip participation may be denied.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In the case of an emergency, I, \_\_\_\_\_, give consent of any needed medical procedures or treatment of my son/daughter to the supervisor/s at his/her discretion. I understand that I, \_\_\_\_\_, will be responsible for the costs of such procedures or treatment.

Child's AB Healthcare # \_\_\_\_\_

This consent form has been signed only after understanding and considering the field trip information provided

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_



Starland Regional Family and Community Support Services  
2019 Summer Fun Program

**Participant Information**

Child's Name: \_\_\_\_\_

Child's Age/ Birth Date: \_\_\_\_\_

Primary Home Address: \_\_\_\_\_

Mother: \_\_\_\_\_

Phone Number Home: \_\_\_\_\_ Work: \_\_\_\_\_

Father: \_\_\_\_\_

Phone Number Home: \_\_\_\_\_ Work: \_\_\_\_\_

Designated Pick-up: \_\_\_\_\_

**Emergency Contacts:**

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number Home: \_\_\_\_\_ Work: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number Home: \_\_\_\_\_ Work: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

AB Healthcare #: \_\_\_\_\_

Allergies: \_\_\_\_\_

Other Information (e.g. medications): \_\_\_\_\_

Immunizations up to date: YES NO

Child's Swimming Level: \_\_\_\_\_

Starland County will agree to use all due care in caring for your child's personal belongings, however, Starland County will not be liable for any loss or damage to clothing or any other belongings, nor be liable in the case of accidents, injury, sickness or disease, that may occur to any child while in care. I/We have read and understand the general policies of Starland County Summer Fun Program. I/We understand the consequences in failing to comply with regulations.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Program Representative: \_\_\_\_\_ Date: \_\_\_\_\_



**Field Trip Consent**

Child's Name: \_\_\_\_\_

1. Destination and planned site visits for field trips: (Check field trips you plan to attend)

- \_\_\_\_\_ July 24<sup>th</sup> Telus Spark Science Center I will chaperone \_\_\_\_\_
- \_\_\_\_\_ August 6<sup>th</sup> Minds in Motion I will chaperone \_\_\_\_\_
- \_\_\_\_\_ August 14<sup>th</sup> Stettler Pool I will chaperone \_\_\_\_\_

2. Purpose of field trip:

To involve the youth in extracurricular activities promoting active living, encourage reading and expand their knowledge through fun and interactive participation.

3. The field trips will involve the following activities:

**Telus Spark Science Center:** Come and enjoy learning science through fun and interactive activities in Calgary at the Telus Spark Science Center.

**Minds in Motion:** A hands-on event held in Morrin, where children will work to encrypt secret messages, learn about DNA, calories and make their own coral reefs while learning about scientific concepts in a fun and creative way!

**Stettler Pool:** Join us for a fun-filled day at the Stettler pool where we will enjoy swimming, and activities in the park.

4. Items required for the field trips: Appropriate clothing and footwear, an extra change of clothes, a jacket in case of unpredicted weather conditions, a hat, a water bottle, bug spray, sunscreen, and a lunch. One snack will be provided.

5. Method of transportation: PLRD School bus.

6. Name of trip supervisors: Mariah Montgomery, Jessica Perley, and Diana Rowe

7. Pick-up and drop-off location will be the Delia United Church and Morrin School.

Date	Departure Time	Return Time
Thursday, July 24 <sup>th</sup>	8:30 a.m. Delia	4:00 p.m. Morrin
	9:00 a.m. Morrin	4:30 p.m. Delia
Tuesday, August 6 <sup>th</sup>	8:30 a.m. Delia	4:00 p.m. Delia
Wednesday, August 14 <sup>th</sup>	8:30 a.m. Delia	4:00 p.m. Morrin
	9:00 a.m. Morrin	4:30 p.m. Delia

8. Volunteer Chaperones: we will require a minimum of 4 adult volunteers for each special event. Please indicate above if you can chaperone.



## 2019 Summer Fun Program Behaviour Policy

- We believe every child has the right to be heard, to express themselves, to be loved and cared for.
- We will have a zero tolerance for any participants verbally or physically abusing others including FCSS summer staff. No yelling, hitting, slapping, biting, shaking, squeezing, kicking or putting another child down.
- We believe a child can be reasoned with most of the time by giving choices and being firm yet understanding. If this does not remedy the problem, we believe in a logical consequence.
- We will be implementing a three-strike rule system. This system states that if a child fails to abide by the policy outlined above the child will be asked to talk to one of the program leaders. If such behaviour occurs again the program will address the child's parent. If it happens a third time the parent will be contacted and asked to pick up their child from the program.

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Child

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Parent/Guardian

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Program Representative

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Date



Starland Regional Family and Community Support Services  
2019 Summer Fun Program

## Photo Release

Permission to use photograph

I grant to the Starland Regional Family and Community Support Services (FCSS), its representatives and employees the right to take photographs of me. I authorize Starland County, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Starland County may use such photographs of me with or without my name and for any lawful purpose, including for example, such purposes as publicity, illustration, advertising and Web content.

I have read and understand the above:

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_



Starland Regional Family and Community Support Services  
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**RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT**

**WARNING: BY SIGNING THIS DOCUMENT YOU WILL GIVE UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE, CLAIM DAMAGES, AND SEEK COMPENSATION.**

This document is to be signed by (*print name*) \_\_\_\_\_ (the "Participant") together with (*print name(s)*) \_\_\_\_\_, being the parent(s) and/or guardian(s) of the Participant, in order to participate in the following:

**STARLAND REGIONAL FCSS SUMMER FUN PROGRAM**

and related events and activities (collectively referred to as the "Event").

We, the undersigned Participant and the parent(s) and/or guardian(s) of the Participant, are aware that the Event involves inherent risks, dangers and hazards, involving all manner of injury or loss, including potentially serious or life-threatening injury and death, including, but not limited to:

- (a) the use of equipment, materials or facilities related to the Event;
- (b) the actions or negligence of the Participant or other participants in of the Event;
- (c) the actions or negligence of the Delia & District Ag Society, Morrin & Ag Society or its directors, officers, employees, volunteers, agents, invitees, or representatives of any kind (collectively referred to as the "Organization")
- (d) the actions or negligence of the Starland County or its councillors, officers, employees, agents, or representatives of any kind (collectively referred to as the "Municipality"); and
- (e) any additional risks arising from the Event and related events and activities.

We, the undersigned Participant and the parent(s) and/or guardian of the Participant, freely accept and assume all such risks, dangers and hazards and the possibility of injury, death, property damage, property loss or any other loss or expense resulting to the Participant or myself/ourselves.

We, the undersigned Participant, and the parent(s) and/or guardian of the Participant, hereby agree as follows:

- (a) **TO WAIVE ANY AND ALL CLAIMS** of every nature at law or equity or under any statute that I have or may have in the future against the Organization and/or the Municipality;
- (b) **TO RELEASE THE ORGANIZATION AND THE MUNICIPALITY** from all liability for injury, death, property damage, property loss or any other loss or expense that I may suffer or that my next of kin or legal representatives may suffer because of participation in or use of the Event, due to any cause whatsoever, including negligence on the part of the Organization and/or the Municipality;
- (c) **TO HOLD HARMLESS AND INDEMNIFY THE ORGANIZATION AND THE MUNICIPALITY** from all liability for injury, death, property damage, property loss or any other loss or expense to any party, including myself, because of participation in or use of the Event, or other financial loss or expense including, without restriction, legal expenses and costs on a solicitor-and- his-own-client full indemnity basis in defending against such claims or enforcing the terms contained within this document; and
- (d) **THAT THIS AGREEMENT WILL BE EFFECTIVE AND BINDING UPON** myself, and my heirs, next of kin, executors, administrators and assigns.

I, the undersigned Participant and the parent(s) and/or guardian of the Participant, hereby acknowledge that we have read the foregoing, and have had the opportunity to ask questions and clarifications before signing and have explained its meaning to the Participant. We acknowledge that we understand its content, import and meaning and hereby do agree, approve and consent to the above.

Date: \_\_\_\_\_

Witness name (*print*): \_\_\_\_\_ Participant Signature: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_