

2019 FCSS REGISTRATION FOR KIDS SUMMER CAMP

Registration for: _____

Child:

Name: First _____ Middle _____ Last _____
 School Name: _____ Grade: _____ Age: _____ Gender: Male Female
 Date of Birth _____ AHC# _____
 Child's Physical Address: _____
 City/Town: _____ Postal Code: _____
 Mailing address (if different from above): _____

3W[f]a` S^5Z[VdW,
 @S_ W8[cf _____ ? [VW _____ >Sef _____
 ELZaa^@S_ W _____ 9dSVW/ _____ 3YW/ _____ 9WVW? S^W _____ 8W_ S^W _____
 6SfWx4[fZ, _____ 3: 5" _____

3W[f]a` S^5Z[VdW,
 @S_ W8[cf _____ ? [VW _____ >Sef _____
 ELZaa^@S_ W _____ 9dSVW/ _____ 3YW/ _____ 9WVW? S^W _____ 8W_ S^W _____
 6SfWx4[fZ, _____ 3: 5" _____

Parent/ Guardian's Name _____
 Phone: Home _____ Work _____ Cell _____
 Physical Address: _____
 City/Town: _____ Postal Code: _____
 Mailing address (if different from above): _____

Emergency Contact Person

Name: _____ Relationship To Child: _____
 Phone: Home _____ Work _____ Cell _____
 Physical Address: _____
 City or Town: _____ Postal Code: _____

@S_ W _____ DWSf[a` eZ]b Fa 5Z[V, _____
 Phone: a_ W _____ l ad _____ 5W^ _____
 BZke]L5^3VdWe, _____
 5[fk/Fai ` , _____ BaefS^5aVW/ _____

Please list any specific needs or interests that your child(ren) has:

Please name anyone who your child(ren) is to be released into the care of:

Please name anyone who your child(ren) is **NOT** to be released into the care of:

Waivers

Emergency Care

Please list any medical conditions or allergies, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

Medical Conditions	Required Treatment	Should paramedic be called.	
1. _____	_____	Yes	No
2. _____	_____	Yes	No
3. _____	_____	Yes	No

Dr. Name _____ Dr. Phone Number _____

Is your child(ren) presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes No If yes, explain: _____

Is your child(ren) allergic to any type of food or medication?

Yes No If yes, explain: _____

Does your child(ren) require a special diet?

Yes No if yes, explain: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem that may interfere with or alter treatment.

I authorize the County of Grande Prairie Summer Camp to arrange emergency care for my child(ren) in the event I cannot be initially contacted. I further consent to pay all medical expenses deemed necessary in case of an emergency.

Parent/Guardian Signature _____

Child's name(s) _____

Date _____

Photo Consent

I _____ (name) of _____,

grant the County of Grande Prairie No. 1 (the "County"), authorization and permission to use my full name and name of my child(ren), picture(s) or image(s) in any photo contest, publication, or social media site of or for the County, or its affiliates. I am aware that I will not be paid for the picture(s) or image(s) or their use, that I will not receive payment if the picture(s) or image(s) appear in any of the above publications or circumstances and I consent to the use or reproduction of the pictures(s) or image(s) as provided for herein.

Signature: _____

Guardian: _____

(If under the age of 18)

Date: _____