

Servus Place PLAYcare Registration Form

Registrant(s) information

The personal information that is collected in this document is collected pursuant to section 33(c) of the *Freedom of Information and Protection of Privacy Act* RSA 2000 c.F-25 (as amended) for the purposes of running day camps and programs. If you believe that there is an error or omission in the personal information that the City has in its custody, or further information, contact the FOIP Coordinator, 5 St. Anne Street, St. Albert, AB, Canada T8N 3Z9, **780-459-1500**.

Parent/ Guardian Information

| | Last Name | First Name | Cell Phone Number |
|---|-----------|------------|-------------------|
| 1 | | | |
| 2 | | | |

Parent/ Guardian Email Address

Children's Information

| | Last Name | First Name | Birthday (dd/mm/yy) | Age |
|---|-----------|------------|---------------------|-----|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |

Health & Wellness

Does your child, or children, have any allergies, dietary restrictions or medical concerns that staff should be aware of. (Please specify. If this is not applicable to your child(ren) please indicate this by entering N/A)

Inclusive Information

Are there any support strategies we may need to be aware of if your child(ren) being registered have a disability or any specific needs (physical, emotional, behavioural, developmental, or gender identity). Providing this information allows our programs to provide equal access to opportunities and resources. If you wish to speak to a programmer about your child(ren) in the program, please contact 780-418-6088. (If this is not applicable to your child(ren), please indicate N/A)

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Consent for Care

I give permission for the Servus Credit Union Place staff to provide my child(ren)/ward(s) with basic care including administering first aid or to initiate emergency medical services in the event of an emergency.

- Yes, I authorize
 No, I do not authorize

I agree that I will NOT, for any reason or length of time, leave Servus Credit Union Place or its programs while the above-named children are in the care of Servus Credit Union Place PLAYcare staff. By selecting agree, you are indicating your understanding and acceptance.

- I agree
 I disagree

Assumption of Risk, Release of Liability, Waiver of Claims and Indemnification

I recognize, acknowledge and am aware that participation in the programs carries risk of personal injury to my child(ren)/ward(s). I am aware that participants in the programs may be involved in some or any of the following activities: crafts, small space games, free play and active games; within the PLAYcare room and/or indoor playground within Servus Credit Union Place.

- Yes
 No

I hereby release and discharge the City of St. Albert, its officers, agents, councillors, employees, volunteers, sponsors and their respective heirs, executors, administrators, successors or assigns (collectively know as the "Releasees") from any and all claims, demands, damages, costs, expenses, actions and causes of action, whether in law of equity, in respect of death, injury, loss or damage to my child's/ward's person or property howsoever caused, arising or in any way connected with my child(ren)'s/ward's participation in the programs.

- Yes
 No

I further hereby undertake to hold and save harmless and agree to indemnify the Releasees from any and all liability (including legal fees on a solicitor and own client basis) incurred by any or all of them arising as a result of, or in any way connected with my (or my child(ren)'s/ward's) participation in the programs.

- Yes
 No

I have read the Permissions, Assumption of Risk, Release of Liability, Waiver of Claims, and Indemnification Agreement and fully understand its terms. I understand that I have given up substantial rights by signing it and sign it freely and voluntarily without inducement. I understand this document will be valid for the duration of the seasonal session, i.e. spring/summer or fall/winter and it is my responsibility to keep the City of St. Albert aware of any changes.

Signed at _____ on _____
(Name of City) (date dd/mm/yy)

(Parent/ Guardian First & Last Name Printed)

(Parent/ Guardian Signature)

(Staff Witness Name Printed)

(Staff Witness Signature)

—*Only one form annually (September to June) is required per family to ensure we have the most current information.—