



CRCA 2010 Summer Daycamp Detailed Child Information and Parental Permission Signatures

If you plan on using **Before Camp Care** (6:30-8:30am) please check here Drop off time: _____

If you plan on using **After Camp Care** (4:30-6:00pm) please check here Pick up Time: _____

If there are family issues, changes in medications or anything that may be affecting your child's mood or behavior, please let the Daycamp Coordinator know.

Person(s) other than parent/guardian or emergency contact that will be **ALLOWED** to pick up your child(ren) with contact # : _____

Person(s) **NOT ALLOWED** access to your child: _____

For Child Participating in Off Site Field Trips:

I give permission for my child, _____, to attend 2010 Summer Day Camp Program Field Trips with Program Leaders and Volunteers. Participants will be leaving the Rec Centre and travelling to Calgary or outside of Calgary for offsite field trips and will be travelling by school bus.

My child has no illnesses, allergies, disabilities, mental or physical conditions that may require special attention or pose safety risks, except as described here:

_____ Initial _____

In consideration of the CRCA offering my child an opportunity to participate in a field trip, I waive any and all claims I may have against, and release from all liability and agree not to sue the Chestermere Regional Community Association and its officers, employees, agents, volunteers and Representatives for any person injury, death, property damage or loss sustained as a result of my child's participation in the field trip, arising out of any cause excluding gross negligence.

Printed Name of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____

Waiver of Liability for Swimming Field Trip:

Child's Current Swimming Certifications: _____

My child is required to wear a life jacket at all swimming activities: **YES** **NO**

I, the parent/guardian of the enrolled participant(s) agree and understand that swimming and sports are hazardous activities. Parents/Guardian Signature: _____ Date: _____

Distal Supervision* Parental Permission for child/children to sign themselves in and/or out of the CRCA Summer Day Camp Program or Before and After Care Program:**

I _____ (print name) give permission for _____ (child's name) to sign themselves in and/or out of CRCA Summer Day Camp Program.

Parents/Guardian Signature: _____ Date: _____

*****Please note:** Children under 8 yrs of age must be dropped off and picked up by a parent, guardian or adult designate)

Weekly Newsletters will be sent out before the end of each week to inform the parents on what will be happening during the following week. Please provide the email address(es) that you will check most often:

NOTE: THIS CONSENT AND WAIVER MUST BE SIGNED BY A CUSTODIAL PARENT OR GUARDIAN OF EACH CHILD WHO IS UNDER THE AGE OF 19 YEARS.