



DAY CAMP PARTICIPANT INFORMATION

R 1614 (R2017-05)

PLEASE RETURN THIS COMPLETED FORM ON THE FIRST DAY OF CAMP.

Participant Surname, First Name (please print)		Age	
Parent/Guardian Surname, First Name (please print)	Relationship to Participant	Phone (____)_____ Home	Numbers (____)_____ Work
		(____)_____ Cell	
Parent/Guardian Surname, First Name (please print)	Relationship to Participant	Phone (____)_____ Home	Numbers (____)_____ Work
		(____)_____ Cell	
Emergency Contact Surname, First Name (please print) (Other than Parent or Guardian)	Relationship to Participant	Phone (____)_____ Home	Numbers (____)_____ Work
		(____)_____ Cell	
Please state any allergies, medical conditions, or medications* that we should be aware of. (If your child requires medication, please complete a "Medication Form" on the first day of camp.)			
*Medications MUST be brought daily, in their original container, with a label indicating the type of medication, dosage, participant's and physician's name.			
Please let us know if your child has a disability or any specific needs (physical, emotional, behavioural or developmental) that staff should be aware of.			
<p>Child Pick-up Information: To ensure your child's safety, children need to be signed in and out of our care on a daily basis. Please indicate below which method of pick-up is the best for your family. Unless otherwise indicated below, your child will only be released to those listed at the top of this form. (ID may be required).</p> <p><input type="checkbox"/> Other family members or friends, as indicated below, may pick-up my child (ID may be required). Name(s): _____</p> <p><input type="checkbox"/> My child is allowed to sign him/her self out at the end of the program. (Must be at least 9 years old). We recommend a meeting place is predetermined that both you and your child are familiar with. Once signed out from the camp, we "release care" of that child and are no longer responsible for his/her welfare.</p>			
Camp Name:		Week Of:	
Parent/Guardian's Signature:		Date	
		YYYY	MM DD
(I have read the information contained on this page and have answered all of the questions to the best of my knowledge)			

This personal information is being collected under the authority of the Freedom of Information and Protection Act, Section 33(c) (RSA2000) and is solely for the purpose of the City of Calgary Recreation safety awareness. For more information contact 3-1-1.