



Summer Family Program Sign-In Form

April 2021

ALL FIELDS ARE MANDATORY

Program Name: _____ Location: _____ Date(s) _____

Main Family Contact: Surname, First Name <i>(please print)</i>	Address:	Home Phone:	Cell phone:	Email:
Alternate Contact: Surname, First Name <i>(please print)</i>	Address:	Home Phone:	Cell phone:	Email:

Family Members attending

	Name Surname, First Name <i>(please print)</i>	If < 18 years what is their age
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

The program activities will vary but will include physical activity, standing and sitting on the ground; please indicate if there are any restrictions that the program staff should be aware of regarding any of your family members attending the program:

Information pertaining to COVID-19:
As per the Alberta Government guidelines and restrictions families are reminded that if anyone is sick or experiencing any of these symptoms, they will be asked not to attend. Active symptom screening of all participants will occur at the beginning of each day.

<ul style="list-style-type: none"> Fever Cough Shortness of breath Sore throat 	<ul style="list-style-type: none"> Runny nose Nasal congestion Headache General Feeling of being unwell
--	---

I have read the information contained on the page and have answered all the questions to the best of my knowledge

Main Family Contact Signature:	Date		
	YYYY	MM	DD

The personal information collected herein is authorized under Section 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act of Alberta and will be used for the purpose of program registration and participant safety. Should you have any questions or concerns regarding the collection and use of your personal information please contact Calgary Neighbourhoods FOIP PA, Calgary Neighbourhoods, Mail Code #94 The City of Calgary, 800 Macleod Tr. S.E. P.O. Box 2100, Station M. Calgary, AB T2P 2M5, 403-771-2337