



Summer Camp Registration 2021

Arbour Lake Residents Association
 12 Arbour Lake Drive NW
 Calgary, AB T3G 4A3
 Ph (403) 241-2628
 Fx (403) 547-8770
 www.arbourlake.com

Please read and fill out the following registration form carefully. Incomplete forms will not be processed.

Please note: CAMPERS MUST BE AT LEAST 5 YEARS OF AGE & HAVE COMPLETED KINDERGARTEN PRIOR TO CAMP START DATE		
Camper First Name, Last name:	Age at Camp Start Date:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
	Camper's Birthdate: (YYYY/MM/DD)	T-Shirt Size (Youth):
Primary Contact Information (This person will be contacted first and should be the parent or guardian of the child.)		
Name:	Relationship to child:	
	Allowed to pick up child? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home Phone:	Mobile Phone:	
Address:	Permission to have photos taken to be published in the ALRA Newsletter/Social media? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Email (required):	Would you like to receive email updates on events and programs at Arbour Lake? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Secondary Contact Information (This person will be contacted second and should be a parent or guardian.)		
Name :	Relationship to child:	
	Allowed to pick up child? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home Phone:	Mobile Phone:	
Camp is for Residents of Arbour Lake only!		
I confirm that I am the parent/legal guardian/grandparent of the above-mentioned child, and that I am a permanent resident of Arbour Lake, and live at the following address:		Initial:

Program Details							
Sign up for:		Code	Cost EB/Reg	Sign up for:		Code	Cost
Day Camps: 1(5-12)	July 12 – 16 9:00am-3:00pm	<input type="checkbox"/> SDC1	\$250	Before and After Care 1	July 12 – 16 8:00am-9:00am/3:00pm-5:00pm	<input type="checkbox"/> SDC1	\$125
Day Camps: 2(5-12)	July 26 – 30 9:00am-3:00pm	<input type="checkbox"/> SDC2	\$250	Before and After Care 2	July 26 – 30 8:00am-9:00am/3:00pm-5:00pm	<input type="checkbox"/> SDC2	\$125
Day Camps: 3(5-12)	August 9 – 13 9:00am-3:00pm	<input type="checkbox"/> SDC3	\$250	Before and After Care 3	Aug 9 – 13 8:00am-9:00am/3:00pm-5:00pm	<input type="checkbox"/> SDC3	\$125
Day Camps: 4(5-12)	August 23 – 27 9:00am-3:00pm	<input type="checkbox"/> SDC4	\$250	Before and After Care 4	Aug 23 – 27 8:00am-9:00am/3:00pm-5:00pm	<input type="checkbox"/> SDC4	\$125
REGISTRATION FOR BEFORE AND AFTER CARE CLOSSES AT 5:00PM ON THE FRIDAY BEFORE THE APPLICABLE CAMP START DATE!							
Method of Payment <input type="checkbox"/> Cheque <input type="checkbox"/> Debit <input type="checkbox"/> Cash <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa						Total:	
Program Date & Time Confirmation:							

The ALRA reserves the right to refuse service to any person(s) who may pose unnecessary risks to ALRA directors, employees, agents, volunteers or other program participants.



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Medical Information	
Does the child have any health or behavioural conditions we should be aware of? (For example: diabetes, ASD, epilepsy or prone to seizures, heart disease, kidney trouble, auditory or visual impairments, emotional concerns, asthma, special physical needs etc.) If yes, please elaborate:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the child have any allergies? (e.g. food, peanuts, drugs/medication, animals, insect stings, hayfever etc.) If yes, please elaborate:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child carry an epi-pen or any other allergy medication? If yes, please specify the medication and where your child carries it:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are camp staff permitted to administer Epi-Pen?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Does your child require any medication to be taken or administered while at camp? (For example, ANA kit, asthma ventilator, ritalin, antibiotic etc.) If yes, please elaborate:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will your child be on a "medical holiday", while attending camp? (For example, child usually takes ritalin, however is not on it for the summer.) If yes, please elaborate:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your child undergoing any form of treatment for any physical or emotional illness, condition or injury? If yes, please elaborate:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child Pick-up Information:	
<input type="checkbox"/> My child is ONLY allowed to leave with the parent/guardian contacts listed above (ID may be required).	
<input type="checkbox"/> Other family members or friends, as indicated below, may pick-up my child (ID may be required). Names(s):	
<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). Once signed out from the camp, we "release care" of that child and are no longer responsible for his/her welfare.	
<input type="checkbox"/> Is there anyone who is legally NOT authorized to pick up your child? If yes, please provide name and details:	

In the event that my child becomes injured, I hereby consent to administration of first aid and/or medical treatment as required. Initial _____

Acknowledgement, Release and Waiver In consideration of permission, granted now or in the future by the Arbour Lake Residents Association to participate in the above program during the year 2021, I agree and acknowledge that (1) there is nothing to my knowledge that indicates that I have not met all the prerequisites required for participation in the program. (2) I will abide by the rules and regulations imposed on the participants in the program. (3) I freely and voluntarily assume any risks and hazards inherent in the nature of the program and accordingly my participation in the program shall be entirely at my own risk. (4) I waive any claim I may have against the Arbour Lake Residents Association including the staff, associates, agents, consultants and or instructors arising from my participation in the program and agree to indemnify and save harmless the Arbour Lake Residents Association and including the staff and associates for any claim, whatsoever, arising from my participation in the program. (5) I am aware that the registration fee is **NON-REFUNDABLE** unless the program is cancelled by the Arbour Lake Residents Association. (6) This RELEASE, WAIVER OF CLAIM and ASSUMPTION OF RISK are binding on me, my heirs, and my executors, administrators, personal representatives and assigns. **(7) I understand that Arbour Lake staff have not been trained to care for preschool (children under 6 years of age) aged children, and therefore, I declare that the registering child will be at least 6 years of age at the start date of camp.**

Parent/Guardian Signature:

Date:

I confirm that I have had sufficient time to read and understand this agreement, and that all information I have provided is true and correct.