



Summer Camp Registration Non-Resident 2023

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)	Youth T-Shirt Size (x-small, small, med, large, x-large):

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):	

Secondary Contact Information (This person will be contacted second and should 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:

Program Details

Sign up for:	Select	Cost	Sign up for:	Select	Cost
Day Camps: 1(5-12) July 3 – 7 9:00am-3:00pm	<input type="checkbox"/>	\$350	B & A Care 1 July 3 - 7 8:00am-9:00am/ 3:00pm-5:00pm	<input type="checkbox"/>	\$140
Day Camps: 2(5-12) July 10 – 14 9:00am-3:00pm	<input type="checkbox"/>	\$350	B & A Care 2 July 10 - 14 8:00am-9:00am/ 3:00pm-5:00pm	<input type="checkbox"/>	\$140
Day Camps: 3(5-12) July 17 – 21 9:00am-3:00pm	<input type="checkbox"/>	\$350	B & A Care 3 July 17 - 21 8:00am-9:00am/ 3:00pm-5:00pm	<input type="checkbox"/>	\$140
Day Camps: 4(5-12) July 24 – 28 9:00am-3:00pm	<input type="checkbox"/>	\$350	B & A Care 4 July 24 - 28 8:00am-9:00am/ 3:00pm-5:00pm	<input type="checkbox"/>	\$140
Day Camps: 5(5-12) Jul/Aug 31-4 9:00am-3:00pm	<input type="checkbox"/>	\$300	B & A Care 5 Jul/Aug 31- 4 8:00am-9:00am/ 3:00pm-5:00pm	<input type="checkbox"/>	\$130
Day Camps: 6(5-12) August 8- 11 9:00am-3:00pm	<input type="checkbox"/>	\$350	B & A Care 6 August 8 - 11 8:00am-9:00am/ 3:00pm-5:00pm	<input type="checkbox"/>	\$140
Day Camps: 7(5-12) August 14- 18 9:00am-3:00pm	<input type="checkbox"/>	\$350	B & A Care 7 August 14 - 18 8:00am-9:00am/ 3:00pm-5:00pm	<input type="checkbox"/>	\$140
Day Camps: 8(5-12) August 21-25 9:00am-3:00pm	<input type="checkbox"/>	\$350	B & A Care 8 August 21 - 25 8:00am-9:00am/ 3:00pm-5:00pm	<input type="checkbox"/>	\$140

REGISTRATION FOR BEFORE AND AFTER CARE CLOSES 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:
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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.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please elaborate:	
Does the child have any allergies? (e.g. food, peanuts, drugs/medication, animals, insect stings, hayfever etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please elaborate:	
Does your child carry an epi-pen or any other allergy medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please specify the medication and where your child carries it:	
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.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please elaborate:	
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.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please elaborate:	
Is your child undergoing any form of treatment for any physical or emotional illness, condition or injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please elaborate:	
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/herself 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 the administration of first aid and/or medical treatment as required. Initial _____

Acknowledgment, 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 2023, 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 5 years of age) aged children, and therefore, I declare that the registering child will be at least 5 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.