



Summer Program Registration 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.

Participant Information	
Name:	Age: (If under 18)
Programs are for Residents of Arbour Lake only!	
I confirm that the above registering participant is a permanent resident of Arbour Lake, Calgary , and that they live at the following address: Initial:	
Primary Contact Information:	Emergency Contact Information:
Name:	Name:
Home Phone:	Relationship to Participant:
Cell Phone:	Home Phone:
Address:	Work Phone:
Email:	Cell Phone:
Permission to have photos taken to be published in the ALRA Newsletter/Social media? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Would you like to receive email updates on events and programs at Arbour Lake? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Program Details							
Sign up for:		Code	Cost	Sign up for:		Code	Cost
SUP Youth (8-12)	(Mon) July 10 - 12:00-1:15pm	<input type="checkbox"/> SP1	\$45	Junior (6-8) & Youth (9-11) Tennis	(Mon/Wed) June 5 – June 21 5:30 -6:30pm	<input type="checkbox"/> ST1	\$120
SUP Adult (13+)	(Mon) July 10 - 1:30-2:45pm	<input type="checkbox"/> SP2	\$45				
Youth Kayak (8-12)	(Tues) July 11 – 12:00-1:15pm	<input type="checkbox"/> SK1	\$45	Teen (12-14) Tennis	(Mon/Wed) June 5 – June 21 6:30-7:30pm	<input type="checkbox"/> ST3	\$120
Adult Kayak (13+)	(Tues) June 11 – 1:30-2:45pm	<input type="checkbox"/> SK2	\$45				
Water Safety (5-12)	(Wed) July 12 th 4:30-5:30 pm	<input checked="" type="checkbox"/> WS1	\$15	Adult (15+) Tennis	(Mon/Wed) June 5 -June 21 7:30-8:30pm	<input type="checkbox"/> ST4	\$120
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 participant have any health or behavioural conditions we should be aware of? (For example: diabetes, epilepsy or prone to seizures, heart disease, kidney trouble, auditory or visual impairments, emotional concerns, asthma, special physical needs, home sickness, bed-wetting, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please elaborate:	
Does the participant 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 the participant 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 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 the program? (For example, ANA kit, asthma ventilator, ritalin, antibiotic etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please elaborate:	
Will the participant be on a "medical holiday", while attending the program? (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 the participant undergoing any form of treatment for any physical or emotional illness, condition/injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please elaborate:	
Child Participant Pick-up Information: (Ages 12 and under ONLY)	
<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 the participant 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 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 if I have registered my child in a program for children under the age of 6, I must be in attendance with my child for the entire class. Arbour Lake staff have not been trained to care for preschool (children under 6 years of age) aged children.

Parent/Guardian Signature (If under 18):

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.