

Date:

## Summer Program 2019



### APPLICANT INFORMATION:

Child Name:  Birth Date:

Parents/Guardians:

Address:

City:  Postal Code:

### Parent Contact Info:

Name:  #  Name:  #

Email Address:

**Alternate Emergency Contact:** Name:  Phone #

### Medical Information:

Diagnosis:

Alberta Healthcare #:

Physician:  Phone #:

Allergies:

Seizure Activity: Yes  or No

Wheelchair user: Yes  or No

1-1 support required: Yes  or No  or Maybe

### **Other information:** (Safety concerns, behaviors, medical concerns, 1-1 support)

### Medication

Please list all prescribed medications that the applicant will require at camp, including dosage and times.

Medication	Prescribed for:	Dosage	Times taken	Prescribing physician

**\*Please note: medication will not be administered at program unless it is in a labelled pharmacy bottle or bubble pack\***



**FIELD TRIP PERMISSION**

I hereby give permission for  to participate in any outings planned by the Robin Hood Summer Program during July and August 2019. I understand transportation will be by Robin Hood Vans, contracted buses, public transportation or staff vehicle.

Parents/Guardians  Date

**PHOTOGRAPHIC AUDIO – VISUAL RELEASE**

I hereby give authorization to Robin Hood Summer Program to photograph and/or use video recordings of

- for the promotion of the summer program       individual use by family

Parents/Guardians  Date

**GENERAL MEDIA PHOTOGRAPHIC AUDIO – VISUAL RELEASE**

I hereby authorize general media (T.V., newspaper, etc.) personnel to photograph and/or video tape recordings of  for promotion of the Robin Hood Summer Program.

Parents/Guardians  Date

**Life Jacket / Swimming Permission Form:**

I  give

permission to (please check one);

- Swim in both the deep and shallow water without a life jacket
- Swim in the shallow water without a life jacket.
- Swim with a life jacket at all times.

Parent Signature:

Date:

## Sunscreen and Bug Spray Waiver

Participants Name:

Please check the boxes you agree with

- Staff may apply sunscreen  
 Staff may apply bug spray

Application Notes:

I,  do release all employees of Robin Hood Association, Children & Youth Services to apply and/or assist in applying bug spray and sunscreen, whenever necessary, to the participant in Robin Hood Association Summer Program between **July 2, 2019 – August 22, 2019.**

**I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THIS AGREEMENT,** that I understand, appreciate, and accept the risks associated with the application of sunscreen and/or bug spray to  by Robin Hood Association employees.

Parent/Guardian (print please)

Signature

# Robin Hood Summer Program – July 2019

Blue (ages 10-14), Red Rooms (ages 14+)



Applicant's name: \_\_\_\_\_

Date: \_\_\_\_\_

FSCD worker's name: \_\_\_\_\_

**Please check all boxes that correspond to the dates you wish your child to attend.**

Date	Select Day	Office use only	
		Waitlist	Confirmed
Monday July 1 (STAT)	<b>Closed</b>	<b>Closed</b>	<b>Closed</b>
Tuesday July 2	<input type="checkbox"/>		
Wednesday July 3	<input type="checkbox"/>		
Thursday July 4	<input type="checkbox"/>		
Friday July 5	<input type="checkbox"/>		
Monday July 8	<input type="checkbox"/>		
Tuesday July 9	<input type="checkbox"/>		
Wednesday July 10	<input type="checkbox"/>		
Thursday July 11	<input type="checkbox"/>		
Friday July 12	<input type="checkbox"/>		
Monday July 15	<input type="checkbox"/>		
Tuesday July 16	<input type="checkbox"/>		
Wednesday July 17	<input type="checkbox"/>		
Thursday July 18	<input type="checkbox"/>		
Friday July 19	<input type="checkbox"/>		
Monday July 22	<input type="checkbox"/>		
Tuesday July 23	<input type="checkbox"/>		
Wednesday July 24	<input type="checkbox"/>		
Thursday July 25	<input type="checkbox"/>		
Friday July 26	<input type="checkbox"/>		
Monday July 29	<input type="checkbox"/>		
Tuesday July 30	<input type="checkbox"/>		
Wednesday July 31	<input type="checkbox"/>		
<b>Please indicate total number of days requested</b>			

**I understand that: Registered days cancelled without 7 days notice or unattended will be billed directly to families at full camp rate. Sick days are considered unattended days.**

Parent initials: \_\_\_\_\_

Please add me to the waitlist if selected days are full.



## Robin Hood Summer Program – August 2019

Blue (ages 10-14), Red Rooms (ages 14+)



Applicant's name:

FSCD worker's name:

Date:

**Please check all boxes that correspond to the dates you wish your child to attend.**

Date	Select Day	Office use only	
		Waitlist	Confirmed
Thursday, August 1	<input type="checkbox"/>		
Friday August 2	<input type="checkbox"/>		
Monday, August 5 (STAT)	<b>Closed</b>	<b>Closed</b>	<b>Closed</b>
Tuesday, August 6	<input type="checkbox"/>		
Wednesday, August 7	<input type="checkbox"/>		
Thursday, August 8	<input type="checkbox"/>		
Friday, August 9	<input type="checkbox"/>		
Monday, August 12	<input type="checkbox"/>		
Tuesday, August 13	<input type="checkbox"/>		
Wednesday, August 14	<input type="checkbox"/>		
Thursday, August 15	<input type="checkbox"/>		
Friday, August 16	<input type="checkbox"/>		
Monday, August 19	<input type="checkbox"/>		
Tuesday, August 20	<input type="checkbox"/>		
Wednesday, August 21	<input type="checkbox"/>		
Thursday, August 22 Last day of Program	<input type="checkbox"/>		
Friday, August 24	<b>Closed</b>	<b>Closed</b>	<b>Closed</b>
Please indicate total number of days requested			

**I understand that: Registered days cancelled without 7 days notice or unattended will be billed directly to families at full camp rate. Sick days are considered unattended days.**

Parent initials: \_\_\_\_\_

Please add me to the waitlist if selected days are full.

