

March 2023

Summer Program 2023

Date: []

APPLICANT INFORMATION:

Child Name: [] Birth Date: []

Parents/Guardians: []

Address: []

City: [] Postal Code: []

Contact Info:

Name: [] # [] Name: [] # []

Email Address: []

Alternate Emergency Contact:

Name: [] Phone # []

Medical Information:

Diagnosis: []

Alberta Healthcare #: []

Physician: [] Phone #: []

Allergies: []

Pre-existing conditions that may cause respiratory or other symptoms (ie seasonal allergies, med side effects etc):

[]

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.

Table with 5 columns: 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*

Summer Consent forms



FIELD TRIP PERMISSION

I hereby give permission for to participate in any outings planned by Robin Hood Summer Program during July and August 2023. I understand transportation will be by Robin Hood Vans, contracted buses, public transportation or staff vehicle.

Parents/Guardians
Signature

Date

PHOTOGRAPHY AND VIDEO CONSENT FORM

YES, I give Robin Hood Association permission to take and use _____'s photograph and/or video image for inclusion in **publications, advertisements, audio-visual presentations and/or Association-managed web pages and social media sites, produced for the purpose of public information and promotion of Robin Hood Association's programs, services and special events.**

OR

NO, I do not give consent.

Name (please print)

Signature

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:

March 2023



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 4, 2023 – August 24, 2023**

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



March 2023

Robin Hood Summer Program – July 2023



Applicant's name:
FSCD worker's name:

Date:

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

Office use only

Date	Half days (4-7 years only)	Select Day (full day)	Waitlist	Confirmed
Tuesday July 4	<input type="checkbox"/>	<input type="checkbox"/>		
Wednesday July 5	<input type="checkbox"/>	<input type="checkbox"/>		
Thursday July 6	<input type="checkbox"/>	<input type="checkbox"/>		
Friday July 7	<input type="checkbox"/>	<input type="checkbox"/>		
Monday July 10	<input type="checkbox"/>	<input type="checkbox"/>		
Tuesday July 11	<input type="checkbox"/>	<input type="checkbox"/>		
Wednesday July 12	<input type="checkbox"/>	<input type="checkbox"/>		
Thursday July 13	<input type="checkbox"/>	<input type="checkbox"/>		
Friday July 14	<input type="checkbox"/>	<input type="checkbox"/>		
Monday July 17	<input type="checkbox"/>	<input type="checkbox"/>		
Tuesday July 18	<input type="checkbox"/>	<input type="checkbox"/>		
Wednesday July 19	<input type="checkbox"/>	<input type="checkbox"/>		
Thursday July 20	<input type="checkbox"/>	<input type="checkbox"/>		
Friday July 21	<input type="checkbox"/>	<input type="checkbox"/>		
Monday July 24	<input type="checkbox"/>	<input type="checkbox"/>		
Tuesday July 25	<input type="checkbox"/>	<input type="checkbox"/>		
Wednesday July 26	<input type="checkbox"/>	<input type="checkbox"/>		
Thursday July 27	<input type="checkbox"/>	<input type="checkbox"/>		
Friday July 28	<input type="checkbox"/>	<input type="checkbox"/>		
Monday July 31	<input type="checkbox"/>	<input type="checkbox"/>		
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.

Parent initials: _____

Please add me to the waitlist if selected days are full



Children & Youth Services

Robin Hood Summer Program – August 2023



Applicant's name: _____

FSCD worker's name: _____

Date: _____

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

Office use only

Date	Half days (4-7 years only)	Select Day	Waitlist	Confirmed
Tuesday, August 1	<input type="checkbox"/>	<input type="checkbox"/>		
Wednesday, August 3	<input type="checkbox"/>	<input type="checkbox"/>		
Thursday, August 4	<input type="checkbox"/>	<input type="checkbox"/>		
Friday, August 5	<input type="checkbox"/>	<input type="checkbox"/>		
Monday, August 7	STAT No Program			
Tuesday, August 8	<input type="checkbox"/>	<input type="checkbox"/>		
Wednesday, August 9	<input type="checkbox"/>	<input type="checkbox"/>		
Thursday, August 10	<input type="checkbox"/>	<input type="checkbox"/>		
Friday, August 11	<input type="checkbox"/>	<input type="checkbox"/>		
Monday, August 14	<input type="checkbox"/>	<input type="checkbox"/>		
Tuesday, August 15	<input type="checkbox"/>	<input type="checkbox"/>		
Wednesday, August 16	<input type="checkbox"/>	<input type="checkbox"/>		
Thursday, August 17	<input type="checkbox"/>	<input type="checkbox"/>		
Friday, August 18	<input type="checkbox"/>	<input type="checkbox"/>		
Monday, August 21	<input type="checkbox"/>	<input type="checkbox"/>		
Tuesday, August 22	<input type="checkbox"/>	<input type="checkbox"/>		
Wednesday, August 23	<input type="checkbox"/>	<input type="checkbox"/>		
Thursday, August 24	<input type="checkbox"/>	<input type="checkbox"/>		
Friday, August 25	Program closed			
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.

Parent initials: _____

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

