



PROGRAM REGISTRATION FORM

DALHOUSIE COMMUNITY ASSOCIATION
5432 DALHART ROAD N.W. CALGARY, ALBERTA T3A 1V6
403-286-2555 / admin@dalhousiecalgary.ca

PROGRAM NAME: MUSICAL THEATRE CAMP / \$150.00

DATE/DAY: JULY 12-16, 2021

TIME: 9:30 A.M. – 2:30 P.M.

AGES: 6-12

NOTE: FRIDAY EVENING PERFORMANCE ON JULY 16

PARTICIPANT'S NAME: _____

ADDRESS: _____ POSTAL CODE: _____

DATE OF BIRTH: _____ M ____ F ____ AGE: _____
MM / DD / YY

MOTHER'S NAME: _____ CELL: _____

FATHER'S NAME: _____ CELL: _____

EMAIL: _____

EMERGENCY CONTACT NAME:

EMERGENCY CONTACT ADDRESS (*ADDRESS MUST BE IN THE LOCAL VICINITY OF CALGARY)

EMERGENCY CONTACT PHONE: _____ CELL: _____

AUTHORIZED PERSON(S) TO PICK UP CHILD OTHER THAN PARENT (MUST BE 16 OR OLDER):

DOES THE PARTICIPANT HAVE ANY MEDICAL PROBLEMS, ALLERGIES, ETC.

ALBERTA HEALTH NO.: _____

DOCTOR'S NAME: _____

PHONE: _____

CONSENT FORM

I, _____ BEING THE PARENT AND/OR GUARDIAN OF _____
PARENT /GUARDIAN NAME (PLEASE PRINT) CHILD'S NAME (PLEASE PRINT)

HEREBY GIVE MY APPROVAL AND ACKNOWLEDGEMENT TO THE ABOVE MENTIONED CHILD'S PARTICIPATION IN THE DALHOUSIE COMMUNITY ASSOCIATION'S SUMMER DAY CAMP PROGRAM. I HEREBY CONSENT TO THE PROGRAM TO SHARE CHILD SPECIFIC INFORMATION SUCH AS ALLERGIES AND HEALTH CONDITIONS TO ANY EMERGENCY MEDICAL AUTHORITY AND TO ANY EMERGENCY MEDICAL ATTENTION, CARE OR TREATMENT CONSIDERED NECESSARY BY THE SUMMER DAY CAMP STAFF. I HEREBY GIVE CONSENT FOR THE ABOVE MENTIONED CHILD TO PARTICIPATE IN ANY AND ALL OUT TRIPS AS ARRANGED BY AND THROUGH THIS PROGRAM. IT IS UNDERSTOOD THAT I SHALL BE GIVEN NOTICE OF ALL OUT TRIPS AND IT SHALL BE MY RESPONSIBILITY TO PROVIDE ALTERNATE CARE SHOULD I NOT WISH THE ABOVE MENTIONED CHILD TO PARTICIPATE IN SUCH OUT TRIPS.

SIGNATURE OF PARENT/GUARDIAN

DATE: _____

NAME TO APPEAR ON CHILD CARE TAX RECEIPT: _____

WEEKLY PREFERRED PAYMENT METHOD:

- PRE-AUTHORIZED CREDIT CARD ON ACCOUNT
- ONLINE VIA QUICKBOOKS
- IN PERSON VIA CASH/DEBIT/CREDIT

MEMBER REGISTRATION FEE \$ _____

COMMUNITY MEMBERSHIP # _____

TOTAL \$ _____

RECEIVED BY:

CHEQUE / CASH / VISA / MC / DEBIT

****NOTE:**

NO REFUNDS AFTER THE PROGRAM STARTS, CANCELLATIONS CAN TAKE PLACE UP UNTIL WEDNESDAY JULY 7TH BY 12:00 P.M.

IF PROGRAM IS CANCELLED DUE TO COVID RELATION POLICIES, REFUNDS WILL BE PROCESSED.

IF THERE ARE NOT ENOUGH CHILDREN FOR CAMP TO OPERATE, PARENTS WILL BE NOTIFIED BY JULY 8TH.