

Supercool Afterschool Registration Form

Child's Information

Name _____

Grade _____ Gender _____ Age _____

Date of Birth _____ MM/DD/YYYY

Medical attention (Allergies, Disabilities, Medication, etc):

Legal Guardian Information

Name; _____ Relation to Child _____

Address: _____

Postal Code: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

Email: _____

Emergency Contact (If different from above)

Name: _____ Relation to child _____

Phone: _____

Pick up Information

NOTE: Parents are responsible for arranging all transportation as buses *will not* be available.

My Child will be picked up by (name) _____.

My Child will be allowed to walk home. (initial) _____

To serve you better, the City of Calgary will like to understand the profile of participants in this program through the following few questions.

Born in Canada(yes/no) : _____

Years in Canada: _____

Country born in: _____

Language spoken at Home: _____

Parental Consent and Waiver Form

To be completed and returned by the parent/legal guardian of all participants taking part in activities with the Calgary Chinese Community Service Association.

Program: Supercool After School

I agree to my child in taking part in the above mentioned program. I understand that there are inherent risks in the variety of activities in which my child will participate during the CCCSA summer camp. By signing this waiver, I waive my right to any and all claims that I may have against the CCCSA, their staff and representatives for any injuries or of an emergency and I cannot be reached, permission hereby granted to the CCCSA to secure medical treatment for my child. I give my permission for any emergency physician to treat the person named above. I accept for all medical expenses incurred.

Photo/Video Release Waiver

I grant the CCCSA Supercool After School permission to use, for promotional purposes, photographs/videos taken during the program.

Personal information of this form is collected under the authority of the Freedom of Information and Protection of Privacy Act, Section 33(C) RSA 2000. If you have any question regarding the collection or usage of this information, please contact CCCSA.

Child's name _____ Parent's name _____

Date: _____ Signature: _____