



卡城華人社區服務中心

Calgary Chinese Community Service Association

1406 Centre Street NE, Calgary AB T2E 4S1 • Tel: (403) 265-8446 • Fax: (403) 233-0070

2019 Summer Camp Registration Form

2019 年度夏令營報名表

Information of participant 參加者資料

Name: _____
姓名 英文 (English) 中文 (Chinese)

Date of Birth: _____ (D) _____ (M) _____ (Y) Age: _____ Gender: ___ M ___ F
出生日期 日 月 年 年齡 性別 男 女

Alberta Health Care No. 亞省醫療咭號碼: _____

Medical History (Allergies, Disabilities, Medication, etc) 病歷 (例如過敏、糖尿病、服用醫藥等):

Special Instruction 特別指示: _____

Parent or Legal Guardian Information 父母或合法監護人資料

Name: _____
姓名 英文 (English) 中文 (Chinese)

Address: _____ Postal Code: _____
住址 郵區號碼

Phone: (H) _____ (W) _____ (C) _____
電話 家 工作 手提

E-mail 電郵: _____

May we contact you about other programs/services CCCSA offers? ___ Yes ___ No
如本中心舉辦其他活動/服務時，可否聯絡通知閣下? 是 否

Language Preferred 以何種語言與閣下聯絡較適合: (E) 英文 _____ (M) 國語 _____ (C) 廣東話 _____

Emergency Contact (If different from above) 緊急事故聯絡人 (與上述父母或監護人不同)

Name: _____
姓名 英文 (English) 中文 (Chinese)

Relationship to the attendant 與參加者關係: _____

Phone: (H) _____ (W) _____ (C) _____
電話: 家 工作 手提

Language Preferred 以何種語言與閣下聯絡較適合: (E) 英文 _____ (M) 國語 _____ (C) 廣東話 _____



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Summer Camp 2019

Age group 年齡組別: 6 to 17 years old;

Date 日期: 3rd July, 2019 – 9th August, 2019

Time 時間: Monday to Friday (星期一至星期五) / 9:00 a.m.- 4:00 p.m. (上午 9 時至下午 4 時)

Location 地點: Bridgeland Riverside Community Association (917 Centre Ave NE)

Phone 聯絡電話: (403) 265 – 8446

Bring your own lunch

Cost 費用:

	Date	
CampOUT II*	July 3 – July 5, 2019	___\$250
CampOUT I	July 10 – July 12, 2019	___\$220
One World!	July 15 – July 19, 2019	___\$190
Kids Alive!	July 22 – July 26, 2019	___\$170
Let loooooose!	July 29, - August 2, 2019	___\$170
Aye Discover!	August 6 – August 9, 2019 (4 days)	___\$160

*CampOUT II -- 11 to 17 years old
CampOUT I - preferably 8-12 years old

Package:

Any 4 weeks: \$680

Any 5 weeks: \$800

All 6 weeks! : \$950

After Care

Optional Before Care Charges (830-9am)@20/week: Yes___ No___

Optional After Care Charges (4:00- 5:00 pm) @ 20/week: Yes___ No___

No. of week(s) _____ x \$20/week = Total \$_____

Total Cost = _____ - _____ + _____ = _____

(Camp cost/ Package) (Discount) (Before/Aftercare) (Total)

***Full Refund less a 30% processing fee will be given if refund is requested 2 weeks before start of camp**



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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: Summer Camp 2019

I agree to my daughter/son (*Printed Name/Child*), _____ 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 Release Waiver

I grant the CCCSA Summer Camp 2019 permission to use, for promotional purposes, photographs taken during the camp.

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 Keith Ong.

Signature Date (DD/MM/YYYY): _____

Printed name of Parent/Guardian: _____

Signature: _____

ONLY FOR WEEK 4 PARTICIPANTS

InjaNation Customer Waiver of All Claims, Release of Liability, Indemnity and Assumption of Risk Agreement

THIS IS A CONTRACT – READ BEFORE SIGNING AS BY SIGNING THIS WAIVER YOU ARE WAIVING IMPORTANT LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE

In consideration of being permitted by INJANATION FUN AND FITNESS INC. ("INJANATION") to engage and participate in its activities and to use its equipment and facilities (or supervise or watch others doing same) and in consideration of payment and acceptance of an admission fee for participants and other good and valuable consideration, I hereby **release, indemnify and forever discharge** INJANATION, its agents, shareholders, officers, directors, partners, employees, volunteers, equipment manufacturers, participants and lessors and each of their affiliates, subsidiaries and related and affiliated entities and the successors and assigns of all of them (collectively, the "RELEASED PARTIES"), on behalf of myself, my spouse, my child(ren), all minors under my care or supervision, all participants for whom I am signing, my parent(s), my heir(s), assign(s), personal representative(s) and estate as set forth below. All RELEASED PARTIES not parties hereto shall be third party beneficiaries of the agreements and the waivers, releases and indemnities herein.

I acknowledge that participation in the activities provided at INJANATION's facilities entails known and unknown risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity or activities. I understand that the **risks include, among other things and without limitation:** exposure of participants to the risk of cuts, bruises, sprained or broken wrists, ankles or other bones, concussions, dislocations, head/neck injuries, and in some cases more serious injuries, including full or partial paralysis, or death. I understand that traveling to and from trampoline or other activity locations raises the possibility of any manner of transportation accidents and double bouncing (resulting from having more than one person per trampoline) can create a rebound effect causing serious injury. I understand that flipping and running and bouncing off the walls is dangerous and can cause serious injury, and must be done at the participant's sole risk. I understand that similar risks are also inherent in using the foam pits, water hazards, climbing structures, swinging ropes, obstacle courses and any other devices, activities or attractions present at the facility. Furthermore, I understand that INJANATION employees have difficult jobs to perform and they strive for the highest standards of safety, but they are not infallible as they might be unaware of a participant's fitness level or abilities and may give incomplete warnings or instructions. I also acknowledge that the equipment being used might become loose, out of adjustment, or malfunction. I understand that there is also a risk that INJANATION employees may be negligent in, among other things, monitoring and supervising use of the INJANATION equipment and facilities and in the maintenance and repair of its equipment and facilities. **All of the foregoing are risks that I, on behalf of myself and any minors on whose behalf I am signing, specifically accept and by the execution of this Waiver of all Claims, Release of Liability, Indemnity and Assumption of Risk Agreement (this "RELEASE") I am hereby releasing, indemnifying and forever discharging all of the Released Parties as set forth herein.**

I hereby expressly agree and promise to voluntarily accept and assume all of the known and unknown risks existing in the devices, activities and attractions present at INJANATION's facilities and premises. My participation, and the participation of the minors on whose behalf I am signing, in these devices, activities and attractions is purely voluntary and I elect to participate, or have such minors participate, in spite of all known and unknown risks and the consequences thereof.

I hereby voluntarily release, forever discharge, and agree to defend, indemnify and hold harmless the RELEASED PARTIES from any and all claims, demands, or causes of action, which are in any way connected with my participation, or the participation of the minors on whose behalf I am signing, in the INJANATION devices, activities or attractions or my or their use of INJANATION's equipment or facilities, including any such claims which allege negligent acts or omissions of the RELEASED PARTIES. Should any RELEASED PARTY or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs. This means that I will pay all of those attorney's fees and costs myself.

I have adequate insurance to cover any injury or damage that I, or any minor on whose behalf I am signing, may cause or suffer while participating in the devices, activities and attractions at INJANATION's facilities or premises, or else I agree to bear the full costs of such injury or damage myself. I am willing to assume the risk of any medical or physical condition that I, or any minor on whose behalf I am signing, may have, pre-existing or otherwise. I consent, on behalf of myself and any minor on whose behalf I am signing, to the administration of first aid and other medical treatment and transportation in the event of any injury or illness and hereby release and indemnify the RELEASED PARTIES from any and all liability or claims arising out of such treatment or transportation and agree to be responsible for the costs thereof. This RELEASE extends to any liability arising out of, or in any way connected with, the medical treatment and/or transportation.

In the event that I file a lawsuit against INJANATION or any of the RELEASED PARTIES for any reason, I agree to do so solely with the courts of the Province of Alberta and I further agree that the substantive law of the Province of Alberta shall apply in that action without regard to the conflict of law rules of that Province. I agree that if any portion of this RELEASE is found to be void or unenforceable, the remaining portions of this RELEASE shall remain in full force and effect.

If the participant is a minor, I further agree to defend, indemnify and hold harmless INJANATION and any other RELEASED PARTY from any and all claims or suits for personal injury or death, property damage or otherwise which are brought by or on behalf of the minor, and which are in any way connected with such use or participation by the minor, including injuries or damages caused by the negligence or omissions of the RELEASED PARTIES.

I confirm that I have not, and any minor participant on whose behalf I am signing has not, consumed any alcohol or drugs or participated in any other activity which might impair or decrease my or their ability to safely participate in any of the activities located at INJANATION's facilities.

I confirm that I have had sufficient time to read and understand this RELEASE in its entirety. I understand that this RELEASE represents the entire agreement between myself (and any minors on whose behalf I am signing) and INJANATION (and the other RELEASED PARTIES), and is binding on myself, such minors and anyone claiming through or under me or them. I am executing this RELEASE freely and voluntarily without any compulsion whatsoever on the part of INJANATION or any of the other RELEASED PARTIES.

In consideration of not being required to sign a new copy of this RELEASE before each visit to INJANATION'S facilities, I further agree that **this RELEASE shall apply to any and all future visits by me and by the minor participant(s) until he/she/they are 18 years old.**

If the participant(s) is/are a minor, I agree that this RELEASE is made on behalf of the minor participant(s) and that all of the releases, waivers and promises herein are binding on or in respect of the minor participant(s). I represent and warrant to each of the RELEASED PARTIES that I have full legal authority as Parent or Legal Guardian of the minor participant(s) to bind the minor participant(s) to this RELEASE in every respect.

(ONLY FOR WEEK 4 PARTICIPANTS)

By signing this RELEASE, I acknowledge and agree that if anyone is hurt or killed or there is property damaged during my or the minor(s) participation in any of the INJANATION activities, I may be found by a court of law to have waived my and/or the minor(s) participant's right to maintain a lawsuit against INJANATION or any of the RELEASED PARTIES on the basis of any claim from which I have released them herein. I have had sufficient opportunity to read this entire RELEASE. I have read and understood this RELEASE, and I agree, on behalf of myself and any minor participant(s), to be bound by all of its terms and restrictions.

I agree as an adult participant, or the Parent or Legal Guardian of the minor participant(s), in consideration of being permitted to use INJANATION's facilities, that INJANATION has the irrevocable right, permission and authority to photograph and/or record me or such minor(s) and to use the photograph and/or recording for all purposes, including advertising and promotional purposes, in any manner in any and all media now or hereafter known, in perpetuity throughout the world, without restriction as to alteration. I waive any right to inspect or approve the use of such photograph and/or recording, and acknowledge and agree that the rights granted in this RELEASE in relation thereto are without compensation of any kind. I also agree that all such photographs and/or recordings are the exclusive property of INJANATION.

This Release shall be effective and binding upon my or the minor(s) heirs, next of kin, executors, administrators, assigns and representatives in the event of my or the minor(s) death or incapacity.

Signature (Participant or Parent/Legal Guardian if Participant(s) is/are under the age of 18) _____

Today's Date _____

Name of Person Signing _____ Birth Date of Person Signing _____

Address _____ City _____ Province _____

Postal Code _____ Email _____ Phone _____

Emergency Contact _____ Phone _____ Relation _____

IF THE PARTICIPANT(S) IS/ARE A MINOR (COMPLETE FOR EACH MINOR):

Name of Minor Participant _____ Birth Date of Minor _____

Address _____ City _____ Province _____

Postal Code _____ Email _____ Phone _____

same as for Parent / Legal Guardian

Name of Minor Participant _____ Birth Date of Minor _____

Address _____ City _____ Province _____

Postal Code _____ Email _____ Phone _____

same as for Parent / Legal Guardian

Name of Minor Participant _____ Birth Date of Minor _____

Address _____ City _____ Province _____

Postal Code _____ Email _____ Phone _____

same as for Parent / Legal Guardian

Name of Minor Participant _____ Birth Date of Minor _____

Address _____ City _____ Province _____

Postal Code _____ Email _____ Phone _____

same as for Parent / Legal Guardian

Name of Minor Participant _____ Birth Date of Minor _____

Address _____ City _____ Province _____

Postal Code _____ Email _____ Phone _____

same as for Parent / Legal Guardian



Scouts Canada
Parent/Guardian Consent Form
For Category Three Activities and Out of Country Travel
(Leaders: this is to be filed with Camping/Outdoor Activity Application)

Note: If applicant is under 18, parent or guardian must sign.

Youth's Name: Phone:
Address: City:
Province: Postal Code:
Parent/Guardian Name:

Residents of all Provinces/Territories except Quebec:

Experience has shown that in connection with Scouting activities there are times when illness or accident may occur and immediate surgical or medical attention is necessary. This is my permission for the leader in charge, or designate, to make arrangements for qualified surgical or medical attention for my child/ward in the event of an emergency without necessity of my prior approval.

Residents of Quebec:

Experience has shown that in connection with Scouting activities there are times when illness or accident may occur and immediate surgical or medical attention is necessary. In the event of an emergency in which my child's life is in danger or his/her integrity is threatened, and I cannot be reached to provide consent, I agree that care may be provided to my child without my consent, as contemplated in paragraph 1 of article 13 of the Civil Code of Quebec.

IF YOU WILL BE ABSENT FROM YOUR NORMAL PLACE OF RESIDENCE DURING THE PERIOD WHEN THE EVENT IS BEING HELD, PLEASE INDICATE HOW YOU CAN BE CONTACTED:

Name: Phone: Cell:

OR I will attend the event/activity with my child/ward.

Permission to participate:

I the undersigned, having read, understood and completed the above, and having been briefed regarding the nature of the activity, hereby give my permission for my child/ward to attend and participate in:

- the following event/activity: CCCSA Summer Camp
at the following location: Camp Impeesa
with the following Leader in charge: Keith Ong
on the following date: July 3rd to 5th/ July 10th to 12th (Please Circle)

I HAVE REVIEWED THE INFORMATION ON MY CHILD'S/WARD'S PROGRAM PARTICIPANT ENROLMENT FORM AND CONFIRM THAT THE INFORMATION IS UP TO DATE.

Signed, Parent/Guardian: Date:

FOR OUT-OF-COUNTRY TRAVEL

Both Parent/Guardian's Signatures Required for Out-of-Country Travel

Signed, Parent Guardian: Date:

1. Signed before me, (name of witness), this (date) by (parent/guardian's name) at (name of location).
Witness Signature:

Signed, Parent Guardian: Date:

2. Signed before me, (name of witness), this (date) by (parent/guardian's name) at (name of location).
Witness Signature: