



#200 327 41 Ave NE
 Calgary, AB, T2E 2N4
 Phone: 403-262-9445
 Fax: 403-262-4539

Camp Hours: 9:00 AM – 4:00 PM
 Early Drop off & late pick up available for an extra charge

\$350 / week

\$100 Deposit, Balance is due on the first day of camp
 a week of cancellation is required; otherwise deposit is non-refundable

Please Circle Date of Camp → July 5 – 9 OR Aug 9-13

Futureways Summer Camp Registration

Child's Name	Date of Birth	M	F
		Sex	
Parent's/Guardian's Name	Parent's/Guardian's Name		
()	()	()	()
Home Phone	Work Phone	Home Phone	Work Phone
Address	Address		
City, Province, Postal Code	City, Province, Postal Code		

Alternative Emergency Contacts

Primary Emergency Contact	Secondary Emergency Contact
()	()
Home Phone	Home Phone
()	()
Work Phone	Work Phone
Address	Address
City, Province, Postal Code	City, Province, Postal Code

Medical Information

Alberta Health Care Number: _____

Special Medical Condition (allergy, food/insect, asthma, etc): _____

Summer Camp Detail

- Each child must bring their own bag lunch, 2 snacks and an extra change of clothes for each day of camp.
- Program begins at 9:00 AM and finishes at 4:00 PM
(Look under pre and post program supervision for early drop off and late pick up)
- Participants must provide their own transportation to and from the Ability Society.
- Field Trips: Science center, Butterfield Acres Farm, Zoo, Sailing, Swimming and library.
timetable is attached
- Participants are given opportunities to develop character, learn valuable life skills such as safety skills and social boundaries through different field trips in this camp.

Pre and Post Program Supervision

Pre- and post-care supervision is available for registered campers from 8:00 a.m. – 9:00 a.m. and 4:00 p.m. – 5:30 p.m. Please register for this program when booking your child in camp. If children are left unattended after 4:10 p.m. they will be placed in this service and you will be charged for proper supervision.

Program Leaders have Standard First Aid and CPR certification and as a member of Ability Society we follow safety and supervision standards and regulations.

Parent and Guardian Consent

I understand as a parent/guardian of a child who is participating in Camp at Ability Society, my child will participate in activities on the grounds of Ability Society, including the field trips listed above.

I agree that the choice to participate brings with it the assumption of those risks and results that are part of these activities. I agree that Ability Society, its trustees, officers, directors, employees, and agents shall not be liable for injury to my child or loss/damage to my child's personal property arising from, or in any way resulting from, my child's participation in these activities. I have provided Ability Society with all the necessary medical information and can be reached at the number(s) listed. I authorize Ability Society to administer first aid to my child and to secure medical care for my child in an emergency as deemed appropriate by the attending physician(s).

I certify that the information provided in this registration form is, to my knowledge, true and complete.

Parent's/Guardian's Signature

Date

Workshop Leader's Signature

Date



Release Form for Media Recording

I, the undersigned, do hereby grant or deny permission to **Ability Society of Alberta Assistive Technology for Persons with Disabilities** to use the image of my child, _____, as marked by my selection(s) below. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child/self for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the **Ability Society of Alberta Assistive Technology for Persons with Disabilities** Web site.

- Deny permission to use my child's image at all.
- Grant permission to use my child's/self image in the following ways (mark all that apply):
 - Limited usage:** I want my child's image used within the **Ability Society of Alberta Assistive Technology for Persons with Disabilities** setting only (not in the larger community).
 - Limited usage:** I want my child's image used for educational materials only (not marketing). This could be either within **Ability Society of Alberta Assistive Technology for Persons with Disabilities** or in the larger community. One example of this could be videos in parent education classes.
 - Limited usage:** I want my child's image used on printed materials only (no digital or video use).
 - Unrestricted usage:** I give unrestricted permission for my child's image to be used in print, video, and digital media. I agree that these images may be used by **Ability Society of Alberta Assistive Technology for Persons with Disabilities** for a variety of purposes and that these images may be used without further notifying me. I do understand that the child's/or my last name will not be used in conjunction with any video or digital images.

Parent/guardian signature _____ Date _____

If you have questions, contact Director of Operations at (403)262-9445 x 102.