

Please indicate age of camper as of July 27, 2020: \_\_\_\_\_

**How did you hear about the camp?**

Centre for Newcomers <input type="checkbox"/>	YMCA <input type="checkbox"/>	Website/Social Media <input type="checkbox"/>
Stampede Foundation Indigenous Youth Program <input type="checkbox"/>	Girls and Boys Club <input type="checkbox"/>	Other (please specify) _____

**Participant Information**

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_ **Gender:** \_\_\_\_\_  
Day                      Month                      Year

**Parent/Guardian Contact Information:**

**Parent/Guardian #1**

**Parent/Guardian #2**

<b>Name:</b>		
<b>Home Phone:</b>		
<b>Cell Phone:</b>		
<b>E-Mail:</b>		

**Parent/Guardian Address if different from member's:**

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Emergency Contact:**

**Emergency Contact 1**

**Emergency Contact 2**

<b>Name:</b>		
<b>Home Phone:</b>		
<b>Cell Phone:</b>		
<b>E-Mail:</b>		

**Dietary:**

**Please indicate any dietary restrictions, sensitivities or food allergies in the box.**

**Medical Information**

Doctor's Name: \_\_\_\_\_ Health Care Number: \_\_\_\_\_

Please describe any physical, medical or other limitations that may affect this person's full participation in this program (diagnosed or undiagnosed).

Examples are (but are not limited to): Asthma, Pneumonia, Heart Disease, Epilepsy, diabetes, Hypoglycemia, Dislocations, Joint problems, Autism, depression, ADHD, ADD, ODD

Please provide any additional information you feel we should be aware of and any strategies to help. If there are no medical conditions, put "N/A" in the box.

**Allergies**

Please list any allergies this person may have and the severity of each one. If there are no allergies, put "N/A" in the box.

**Medications**

Please list any current medications this person is taking and how each should be administered. If there are no medications, put "N/A" in the box.

I declare that all medical conditions, genetic conditions or other factors which may affect the child's ability to participate in this program will be detailed on the above form.

I accept that the Calgary Stampede may secure such medical advice and services as it, in its sole discretion, may deem necessary for my child's health and safety and I agree to accept any financial responsibility in excess of the benefits allowed by Provincial Insurance plans.

This information is collected under the authority of the Freedom of Information and Protection of Privacy Act. Medical information will be used to manage any health concerns that may arise while the participant is under the care of the program administrators. Alternative contact and medical information will be used in a medical emergency.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please initial to indicate acknowledgment of/agreement to camp terms**

Camp Run Time: 9:00 am – 4:00 pm, Monday July 27 – Friday July 31 \_\_\_\_\_

Camp Fee: \$300 (to be paid in full at time of registration) \_\_\_\_\_

Last date for withdrawal for camp with refund, less a \$25 administrative fee: June 30 \_\_\_\_\_

Campers not picked up by camp end time (4:00 pm) will be placed in the After Care program, and the After Care fee will be charged \_\_\_\_\_

For any Campers not picked up by After Care end time (5:00) a Late Fee of \$1/minute late will be charged \_\_\_\_\_

**Please indicate if you would like to sign up for the following services at an additional cost**

Before Camp Care available starting at 8:00 am (\$25/week)    Yes\_\_\_\_                      No\_\_\_\_

After Camp Care available ending at 5:00 pm (\$25/week)    Yes\_\_\_\_                      No\_\_\_\_

Lunch program (\$30/week)    Yes\_\_\_\_                      No\_\_\_\_

If 'Yes' to the Lunch program, please note that meals cannot be modified to accommodate dietary restrictions. If your child has dietary restrictions, please plan to provide lunches for them. Snacks will be provided as part of the program, but please send any supplemental snacks your child may require. All children should bring a water bottle with them.

**Please indicate if your child requires the assistance of an aide or support working during camp time.**

**Please note that aides/support workers must:**

- **Be at least 18 years of age**
- **Provide a copy of piece of valid, government-issued photo ID**
- **Provide a clear CPS Police Information Check for the Vulnerable Sector, run within the last 12 months**

**My child will be attending camp with an aide/support worker:                      Yes\_\_\_\_                      No\_\_\_\_**

**Required aide/support worker documentation can be emailed to [mwhite@calgarystampede.com](mailto:mwhite@calgarystampede.com)**

**Please note these documents must be provided by June 30<sup>th</sup> 2020.**

**Photography Release**

**General Release**

I agree that the whole copyright (including all rights of reproduction) in any photographs, video, or other media, digital or otherwise, is property of the Calgary Stampede Foundation and the Calgary Exhibition & Stampede Limited. I also agree that all licenses and assignees are entitled to use this media in any manner or form whatsoever, either wholly or in part, in any medium, or in conjunction with any work, for any purpose worldwide, in perpetuity. I consent to this media being reproduced in whole or in part, composite, altered or distorted, in any manner, however unusual, in conjunction with any printed matter or other medium. I understand that unless I consent for my name to be published, used or referred to in connection with the media, the media or words published with them will not be attributed to me personally.

I, \_\_\_\_\_ the undersigned, hereby warrant that I am the parent or legal guardian  
Parent or Guardian Name  
of \_\_\_\_\_ and, having read the above, do hereby consent to those matters as  
Participant Name stated above.

**Parent/Guardian Signature:**

**Date:**

(if under 18 years of age)

**Witness Signature:**

**Date:**

**Release, Waiver and Assumption of Risk**

1. I do hereby release the Calgary Stampede Foundation (CSF) and the Calgary Exhibition and Stampede Limited (CES), its Members, Officers, Directors, Employees, Committee Members, Volunteers, and Independent Contractors from all liability, claim causes, or action of any kind whatsoever in respect to all personal injuries, loss of life, property losses or suffering a loss that may arise out of activities of the CSF or CES program.
2. That I understand clearly that by signing this Release I will be forever prevented from suing or otherwise claiming against the Calgary Stampede Foundation and the Calgary Exhibition and Stampede Limited its Members, Officers, Directors, Employees, Committee Members, Volunteers, or Independent Contractors.

I, \_\_\_\_\_ the undersigned, hereby warrant that I am the parent or legal guardian  
Parent or Guardian Name

of \_\_\_\_\_ and, having read the above, do hereby consent to those matters as stated above.  
Member Name

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_