



10511 – 103 Street
 High Level, AB
 T0H 1Z0
Ph: 780-926-2201
Fax: 780-926-2899

FCSS Program

Registration Form

Childs Name	Birthdate
Parent(s)/Guardian Name(s)	
Home Phone Number	Work Number
Street Address	Mailing Address (If different from street address) .
Address: City/Town: Province: Postal Code:	Address: City/Town: Province: Postal Code:

Emergency Contact

Name	
Phone Numbers	Mailing Address
Home Phone: Cell Phone: Work Phone:	Address: City/Town: Province: Postal Code:

Healthcare Information

Physician Name	Phone
Alberta Healthcare Number	Immunizations up to date?
	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medical Problems/Physical Impairments, Allergies	

Pick Up Policy

The following People are authorized to pick up _____ (Childs name).

1.	2.
3.	4.

_____ (child's name) is allowed to leave the program each day unaccompanied by adult supervision.



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Photo Release

I give permission to have my child(ren) picture taken while at any Town programming. I understand these pictures may be published in the ECHO, or in advertising for the program. The child(s) name(s) may be attached to these pictures.

Yes No

Communication and Program Updates

All communication will be sent out by text message regarding programming changes, we will ask for a reply to acknowledge you receive the message. Monthly Calendars will be available when picking up your child from the program and will also be e-mailed to parents. **Please provide us with the best contact information below.**

Cell Phone Number	Email

I AM AWARE AND ACKNOWLEDGE that the Program involves many inherent RISKS, which Risks include, but are not limited to the possibility of personal injury such as skin abrasions, nerve, bone, spinal cord and neck damage, pain, paralysis, brain injuries or even death, property damage and property loss.

I UNDERSTAND that the above activities require minimum level of fitness and physical, mental and emotional health (collectively "health"). I further understand that the probability of the Risks occurring depends in part on my Child's level of fitness and health as well as on the awareness, care and skill with which my Child conducts him or herself in the Program.

I WARRANT that my Child is physically, mentally and emotionally fit to participate in the Program.

I UNDERSTAND, AGREE AND ACKNOWLEDGE that:

- By choosing to have my Child participate in the Program brings with it the assumption by me and by my Child of the Risks, and I ASSUME FULL RESPONSIBILITY to instruct my Child about the Risks and the choices available to him or her relative to those Risks.
- I am free to withdraw my Child from the Program at any time. In any case, I agree to withdraw my Child from the Program immediately if my Child begins to experience any sign of transient lightheadedness, fainting, chest discomfort, leg cramps, nausea or other similar ailments.
- The Town of High Level is not responsible for administering medications to my Child or for providing any medical treatment whether on an emergency basis or any other basis. If my Child takes medication it is my responsibility to see that he or she does so.
- The Program may be conducted by personnel whose skills and competencies vary according to their training and experience and that the Program may be provided by persons who are not employed by the Town. IT IS MY RESPONSIBILITY to determine whether or not I am satisfied with the Program Personnel, and I understand the Town assumes no responsibility for the skill and competence of such personnel.

I declare that I have read and understood the contents of the Informed Consent, Pick-up Policy, and the Photo Release in its entirety:

Parent/Guardian Signature	Date

Personal information on this form is collected in accordance with Section 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act and will be solely used for the stated purpose. If you have any questions about the collection, use, or disclosure of this information, please contact the Municipal Clerk at 780-821-4008.