



TEEN SUMMER PROGRAM REGISTRATION FORM 2022

Staff ONLY
 Please do NOT write in this space.
 Paid \$ _____ Date: _____
 Rcpt. # _____ Staff: _____

Participant Name: _____ Age: _____ Date of Birth: _____
As of June 30, 2022

Parent/Guardian Name: _____ Last Grade Participant Attended: _____

Address: _____ Email: _____

Parent/Guardian Cell: _____ Other Phone: _____

Participant's Health Care #: _____ Family Doctor: _____ Ph: _____

Emergency Contact: _____ Ph: _____ Relationship: _____
 (other than parent/guardian)

Child's Allergies/Medical Concerns: _____

Select all programs that you wish to register for:

Overnight Summer Kick-Off (3pm-11am) \$25.00 Max 30 registrants	Let's Get Creative 1:30-4pm \$10.00/session Max 10 registrants/session	Let's Get Cooking 1:30-4pm \$10.00/session Max 10 registrants/session
_____ July 14-15 @ St. Michael Hall	_____ July 21 @ Lamont Hillside Pk _____ August 18 @ Andrew Gazebo	_____ August 11 @ Mundare Sr Cntr _____ August 25 @ Bruderheim Hall

TOTAL AMOUNT TO BE PAID: \$ _____

*****Summer Program Waiver*****

The personal information provided will be used to register yourself or your child in a community program or activity and is collected under the authority of Section 33(c) of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection and use of this information, please contact the Lamont County FOIP Coordinator.

I hereby authorize do not authorize (check one) Lamont County to use photographs taken of the aforementioned individual(s) while attending or participating in community services programs and activities (scheduled or unscheduled) sanctioned by the County. Photographs may be used to promote the County's programs or used in or as part of publications, advertisements, newsletters and displays intended for the general public. Parents and media may also have the opportunity to take pictures; any of these photos taken during public events cannot be controlled. No other use of these photographs will be allowed.

Under Section 38 of the *Freedom of Information and Protection of Privacy Act*, Municipalities must protect the personal information it collects by making reasonable security arrangements against such risks as unauthorized access, collection, use, disclosure, or destruction. Also, Municipalities must comply with Sections 39 and 40 when using and disclosing personal information.

I, _____, have informed myself of any and all risks that could take place due to my participation or my child's participation with the program and hereby release the County or Agency, its employees, instructors, agents and volunteers from any claim for loss, injury or damage to person or property either directly or indirectly, from the attendance, including participation in any activity scheduled or unscheduled, including travel to and from any location for myself or my children. I acknowledge having read and understood this release and accept the terms therein.

Parent/Guardian Signature: _____ Date: _____

**Please return completed registration package along with the program fee as early as possible to:
 Lamont County Administration Building, 5303-50th Ave. Lamont, AB T0B 2R0
 Fees payable to: FCSS Lamont County Region**

Please complete this section IF ATTENDING OVERNIGHT SUMMER KICK-OFF:

Medical History: To be completed by parent/guardian. Accurate and complete information is essential to the well-being of your child while attending FRN/FCSS Programs. All information on the form is considered personal and confidential. The parent/guardian is assuming full responsibility for the participant's health and must be confident that the program activities will in no way aggravate any condition present. It is assumed that the parent/guardian will know the child's condition or will seek competent advice before completing this form. The parent/guardian will notify the program coordinator if, for any reason, the permission should be withdrawn or changed.

List any physical, emotional, or behaviour conditions and/or recent illnesses, that would prevent full participation or that we should be aware of. Please give details of USUAL TREATMENT should condition occur:

Is the participant current subject to any of the following?

Nightmares Sleepwalking Other sleep conditions

Date of last Tetanus Shot: _____

Does the participant wear prescriptive glasses/lenses (circle one): Yes No

Do you have any other special instructions regarding the participant's health care and/or diet?

PLEASE REQUEST AND FILL OUT A MEDICATION ADMINISTRATION FORM AND HAND IN TO THE PROGRAM COORDINATOR IF ANY MEDICATION IS REQUIRED DURING PROGRAM HOURS (ie Tylenol, Epi-Pen, Claritin, etc.)

I confirm that all information presented on this form is true to the best of my ability, and that should any changes arise, I will make sure to contact the program coordinator. I also acknowledge that I have read and understood the Parent/Guardian sheet that has been provided to me.

Parent/Guardian Signature: _____ Date: _____



TEEN SUMMER PROGRAM 2022 Parent Information

Please keep these pages for your reference.

Register for one session or for all. \$10.00 each

OVERNIGHT SUMMER KICK-OFF

July 14-15, 2022
3pm - 11am
St. Micheal Hall
Cost: \$25 / Youth
Register & payment due by:
July 5 at noon

Giant Slip & Slide, Games,
Movie, camp fire,
food & Snacks

Pack: Sleeping Bag, Pillow,
Toiletries & Clothing

LET'S GET...CREATIVE!

Spend the afternoon getting creative and learning new art techniques!
Cost: \$10 /youth/program - 1:30-4:00PM

Register & payment due minimum 1 week before class.
July 21 - Lamont Hillside park
Aug 18 - Andrew Mallard Park

LET'S GET...COOKING!

Spend the afternoon learning about kitchen & food safety while preparing an entree to take home!
Cost: \$10 /Youth/program - 1:30-4:00PM

Register & payment due minimum 1 week before class.
Aug 11 - Mundare Senior centre
Aug 25 - Bruderheim Comm Hall

Registration Process

A registration package can be picked up at Mundare School, Lamont High School, Lamont County Admin Building in Lamont, or at Town/Village offices in: Andrew, Bruderheim, Chipman, Lamont & Mundare. You can also find it to print at www.lamontcounty.ca or on the Kalyna Family Resource Network Facebook Page.

All registration forms must be dropped off or mailed WITH payment ONLY to:
Kalyna FRN Lamont County Administration Building, 5303-50 Ave, Lamont, AB T0B 2R0
Payable to: FCSS Lamont County Region

Refund Policy

A refund for any registration fee will be considered, provided that it is requested **BEFORE** the program week/event takes place. Any requests for refunds after the event/program has taken place, regardless of the child's attendance will not be approved.

Minimum and Maximum Registration Policy

Program/Event	Minimum Registration	Maximum Registration
Overnight Summer Kick-Off	5	15
Let's Get Creative	3	10
Let's Get Cooking	3	8

The number of registrations for each event/program will be assessed within two days of the registration deadline. If the minimum registrations for specific programs are not reached by these dates, Kalyna FRN may decide to cancel the program/event affected. In this case, all registrants will be notified via telephone and/or email and will receive a full refund. Please note that it is at the sole discretion of Kalyna FRN and FCSS to cancel programs, and registrants could be given as little as five days notice of cancellation. In the event that you register, and the camp has already reached its maximum registrations, you will be placed on a waitlist. If a spot opens, we will contact you and take payment for the program at the time.

Receipts—A receipt will be issued for all Summer Program purchases **UPON REQUEST**.

In Case of Emergency

We will attempt to contact the parent/guardian at both numbers provided. If we are unsuccessful, we will call the emergency contact person(s) listed on the registration and/or medical history forms.

Special Needs

Kalyna FRN events and programs are open to all children, provided the program is able to accommodate the needs of the child. If you child has special needs, please contact Kalyna FRN Lamont County Region before your child begins camp at 780-895-2233 ext 244 or toll free at 1-877-895-2233m ext 244 or by email erin.b@lamontcounty.ca .

Behaviours—Three Strike Policy

Behaviours that will result in a strike:

1. Refusing to comply with a leader’s direction.
2. Inappropriate/disrespectful language, swearing
3. Verbally bullying: teasing, name calling, threatening
4. Offensive, inappropriate behaviour
5. Uncontrolled temper tantrums

Behaviours resulting in an Immediate Strike Three:

1. Intended violence toward others.
2. Dangerous behaviours that put ANYONE at risk.

If a child leaves the program via the “Three Strike” rule, fees will not be refunded.

If a child reaches the third strike while on an overnight program, it is the responsibility of the parent/guardian to pick up the child within the requested amount of time and at their own cost.

What to Bring to Each Program:

Overnight Summer Kick-Off:

Water bottle
Sleeping bag & pillow (small blow up mattress optional)
Pajamas
Toiletries (toothbrush, toothpaste, soap, face cloth, hairbrush)
Bathing suit & towel
Flashlight with fresh batteries
Warm clothes for around the fire
Clothes for the next day

*Please note: While this is a co-ed program, youth will be sleeping in separate designated sleeping areas. Staff will be present at all times.

**Supper, snacks, and breakfast will be provided. So there is no need to bring your own.

Let’s Get Creative/Cooking:

Water bottle



One of our goals at Kalyn FRN and FCSS Lamont County Region is for all to experience new activities in a positive, safe environment. We expect that all participants abide by our Three Strike Policy. We also expect that parents review this policy with their children.