

MOUNT ROYAL CHILDREN'S PROGRAM.

Name of Parent _____

Address _____ Calgary, _____

Phone: Home _____ Business _____ Cell _____

Names of Children Age (6 12) Alberta Health Care #

Children may be registered for as many 1 week sessions as desired

August 20 24 _____

August 27 29 _____

Camp runs from 9:30am 3pm.

Fees: August 20-25 \$125, August 27-29 \$75

*please make cheques payable to EP/MR Playground Program,

Mail or drop off registration to : 1120 Prospect Ave, t2t 0w9

Parents are advised that the Mount Royal/ Elbow Park Playground Program will be operated from the facilities of the Mount Royal Station Clubhouse @ 2317 10 Street SW under the supervision of two counselors employed for the summer. Parents are advised that the supervisors will have no more than 20 children in their care.

I am aware that it is a condition of participation in any recreational program provided by or on behalf of this organization, its Agent, servants or employees, that the participant does do on his/her Sole Risk and this organization is not liable for any loss, damage, injury, or ambulance service resulting from or in connection with such participation.

Signature of Parent _____ Dated _____ 2006.

EMERGENCY INFORMATION

Person to Contact in Case of Emergency and Parent Not Reachable:

Name _____ Phone Number _____ Relationship _____

Name _____ Phone Number _____ Relationship _____

Doctor's Name _____ Dr. Phone Number _____ (if available)

Is Child currently on any Medication? Yes __ No __

If yes then please explain in detail _____

Please indicate any allergies or any additional information the Leaders should be aware of:
