

Which camp? July or August

Student's name _____

Grade entering _____ School _____ Age _____

Is your child a Family School Liaison Client? yes no

Parent/guardian name(s) _____

Address _____

Postal code _____ Daytime phone _____ Evening phone _____

Emergency phone number _____ Name of contact _____

Strathcona County staff will only release children to the people listed on the registration form and request that if someone else other than parent (guardian) named are picking up the child that the facilitators must be advised. Identification may be requested.

Allergies, medication (include diagnosis) or dietary concerns:

Any additional information about your (concerns/behaviours, etc) that may be helpful for the facilitators:

Does your child require a lifejacket during swimming activities? yes no

Signature - parent or legal guardian

Date

Under the *Freedom of Information and Protection of Privacy Act* it is necessary for Strathcona County to obtain consent in order to use photos of people.

Photos of camp participants may be used to promote the camp program and it can be used in different media. These could include newspaper ads, brochures, newsletters and other print material and on the County's Web site. Photos of your child will not be used if consent is not provided.

I hereby consent to the use of photographs taken of my child by Strathcona County staff as indicated above.

Signature - parent or legal guardian

Date

Collection and use of personal information

Personal information is collected under authority of the *Municipal Government Act* and the *Family and Community Support Services Act* that mandates the programs and services offered by Strathcona County, and by section 33(c) of the *Freedom of Information and Protection of Privacy Act* (FOIP) and is protected by FOIP. If you have any questions about the collection and use of the information, contact Manager, Family Supports at 780-464-4044.