

Camps and Programs: Participant Information



Recreation, Parks & Culture, 2025 Oak Street, Sherwood Park, AB

Phone 780-467-2211 Fax 780-449-1906

Mail: Recreation Administration Office, 2001 Sherwood Drive, Sherwood Park, AB T8A 3W7

Contact Information:

Program Name: _____ Program Date: _____

Participant's Name: _____ Age: _____

Parent / Guardian Name(s): _____

Parent / Guardian Primary Number(s): _____ Secondary Number(s): _____

Parent / Guardian Email(s): _____

Emergency Contact #1 Name and Primary Number: _____

Emergency Contact #2: Name and Primary Number: _____

Participant Pick-up Information:

Please designate at least two contacts that are available during the program time and are authorized by the Participant's parents / guardians to pick up the Participant:

Last Name	First Name	Relationship to Participant	Phone Number	Alternate Phone Number

Is the Participant permitted to leave the Program on their own? Yes No

Comments _____

Will the participant be using Program transportation services to travel to and from the Program (if available)? Yes No

Medical Information:

Does the participant have any allergies? No Yes

If **yes**, identify the reaction and the form of treatment approved by the Participant's parent(s) / guardian(s), if required:

Does the Participant carry an epi-pen? No Yes

If **yes**, please [click here to complete a Severe Allergy form](#) or visit strathcona.ca/registration.

Will the Participant be required to consume medication during the Program? No Yes

If **yes**, identify the type of medication, the times, and dosages that are required.

PLEASE NOTE: Medications must be clearly labeled and in original containers with instructions as to the dosage and when they must be taken. Please supply only enough for the time or days of the program. The County will inform the Participant when the label indicates that medication is to be taken. Please note that leaders/instructors or other personnel are not permitted to administer medications.

Other:

Does the Participant have any conditions that could impact participation in the Program? No Yes

If **yes**, specify the condition(s) and any restrictions on participation in the Program.

The information provided in this Participant Information form is true, to the best of my knowledge:

Name: _____

Signature: _____

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