

# Sizzlin' Summer 2024 Registration

July 2-4, Week 1	July 8 – 11, Week 2	July 15 – 18, Week 3	July 22-25, Week 4	July 29- Aug 1, Week 5	August 6 – 8, Week 6
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## Section 1: Participant Information

**Participant Name:**

**Participant Age:**

**Participant Swim Level:**

*(successfully completed)*

**Does program participant require a lifejacket in the (please check all that apply):**

☐

**At All Times:** *Please note: Participants requiring lifejackets at all times will not be permitted to swim without one.*

☐

**Deep End** *Please Note: Participants requiring lifejackets in the deep end will not be permitted to swim in the deep end.\**

☐

**Shallow End**

**Please state any dietary restrictions your child has:**

**Please let us know if your child has a disability or any specific needs that we should be aware of (physical, emotional, behavioural, etc.)**

Check box if you would prefer to talk to FCSS about your child's specific needs. ☐

**Please indicate any allergies, or medical conditions that we should be aware of, along with treatment required for listed conditions:**

## Section 2: Parent/Guardian Information

**Parent/Guardian Name:**

**Home Phone:**

**Work Phone:**

**Cell Phone:**

**Email:**

**Can we text you?**

Yes

☐

No

☐

**Parent/Guardian Name:**

**Home Phone:**

**Work Phone:**

**Cell Phone:**

Email:

Can we text you?

Yes

☐

No

☐

## Section 2.1: Parent/Guardian Information – Back-Up

**Emergency contact if parent/guardian is not available.**

Name:

Phone (Main):

Phone (Alternate):

Will this be the same contact each day?

Yes

☐

No

☐

**If No, please fill out the form below:**

	Contact Name	Contact Number
Monday		
Tuesday		
Wednesday		
Thursday		

## Section 3: Pick up/drop off information

**To ensure your child's safety, children need to be signed in and out of the program every day. Identification will be requested upon pick up. Please indicate which method of pick up works best for you and your family:**

☐

- My child is only allowed to leave with a parent/guardian/emergency contact person

☐

- My child is allowed to sign him/herself out (must be at least 10 years old)

☐

- Other family members or friends may pick my child up from the program

**Please list the names and numbers of those permitted to pick up your child:**

## Section 4: Terms & Conditions

I understand that once submitted payment is non-refundable unless camp is shut down.

Initial

I understand that my registration is not completed until I submit my payment and registration to Vegreville & District FCSS

Initial

My child & I have read and understand the terms outlined in the Parent Handbook

Initial

I understand that my child may not be allowed to return to camp if there is continuous bad/inappropriate behaviour.

Initial

## Section 5: Release and Waiver Form

I HEREBY AGREE TO THE FOLLOWING AS INITIALED BY MYSELF

- \_\_\_\_\_ **Risks and Dangers:** I hereby acknowledge and agree that participation in the Program involves elements of risk, hazard or danger, and that death, injuries, loss or damage may occur to my child.
- \_\_\_\_\_ **Fully Informed:** I acknowledge and agree that it is my responsibility to acquire and review all relevant information regarding the risks and hazards of the Program before consenting to my child's participation in the same.
- \_\_\_\_\_ **Assumption of Risk:** I acknowledge that there are inherent risks associated with the Program and that my child could sustain personal injury through participation in this event and I am hereby accepting to take that risk on behalf of my child.
- \_\_\_\_\_ **Waiver of Liability as Against the Town:** I acknowledge and agree that death, injury, loss or damage may occur as a result of my child's participation in the Program. I hereby freely accept and assume all risks associated with the participation of my child in the Program. I agree to save harmless and keep indemnified the Town of Vegreville and Vegreville & District Family and Community Support Services, its councillors, employees, volunteers, organizers and their respective agents, officials, servants and representatives from and against all claims actions, costs and expenses and demands in respect of death, injury, loss or damage to me or my child's person, however caused, rising out of or in connection with my child's taking part in this event but limited to taking part in this event, and notwithstanding that the same may have contributed to or occasioned by the negligence of the said bodies or any of them, their agencies, officials, servants or representatives.
- \_\_\_\_\_ **Compliance with Rules and Directions:** I acknowledge that in many situations Sizzlin' Summer staff may be involved in coaching or officiating these activities and that I shall accept the responsibility of observing my child's participation in these activities and should I have objection to the manner in which my child or myself are being supervised or instructed, I accept the responsibility to remove myself or my child from the activity. I agree that the Sizzlin' Summer staff may require my child to return home if a breach of those rules or the law occurs, and I agree to be responsible for and pay any and all costs that may arise from the same.
- \_\_\_\_\_ **Willful Departure:** I also acknowledge and agree that if my child comes in the custody or care of the Sizzlin' Summer staff and subsequently willfully departs without authorization from the custody or care of the Sizzlin' Summer staff during the Program, or breaches the applicable law, regulations or rules of the Program, the Town will not be responsible for any injury, loss or damage suffered by my child, including death.
- \_\_\_\_\_ **Additional Insurance:** I acknowledge that it is my responsibility to obtain any additional insurance (including but not limited to accidental death, disability or dismemberment or medical expense insurance) on behalf of my child.
- \_\_\_\_\_ **Emergency Medical Assistance:** I hereby give my consent for a Sizzlin' Summer staff member to call a medical practitioner or ambulance for my child in the event of accident or illness of a serious nature.
- \_\_\_\_\_ **In Town Field Trips:** I understand that as part of the Sizzlin' Summer Program, field trips and activities may be scheduled that require children to walk (supervised by leaders), to and from the activity or field trip within the Town of Vegreville.
- \_\_\_\_\_ **Photos:** I hereby give my consent for photos of my child to be taken and used for promotional purposes by Vegreville and District Family and Community Support Services and the Town of Vegreville. I agree and understand that no names of the children in the photos will be attached.

## Section 5.1: Release and Waiver Form – Illness

I HEREBY AGREE TO THE FOLLOWING AS **INITIALED** BY MYSELF

\_\_\_\_\_ **Proper Hygiene:** I understand that it is my duty as the primary caregiver to teach my child proper hygiene. This includes proper handwashing and properly sneezing and coughing into their elbow or a tissue.

\_\_\_\_\_ **Illness:** I understand that if my child shows any symptoms, that I must not send them to camp.

\_\_\_\_\_ **Visitation:** I understand that if I need to stop by the camp, that I will give the staff ample time to prepare for a visitor, and that I will not stay longer than necessary.

\_\_\_\_\_ **Emergency Contact:** I understand that if my child presents symptoms at camp, that I must immediately pick my child up. If I am unavailable to retrieve my child, a back-up will be sent in my place. I will let the staff know each morning who my back-up contact is.

\_\_\_\_\_ **Consent:** I hereby give my consent for my child to attend Sizzlin' Summer, knowing the above risks that come from sending my child to camp

## Section 5.2: Release and Waiver Form – Location

I HEREBY AGREE TO THE FOLLOWING AS **INITIALED** BY MYSELF

\_\_\_\_\_ **Waiver of Liability as the Vegreville Preschool Association and the Kalyna Family Resource Network:**  
I acknowledge and agree that death, injury, loss or damage may occur as a result of my child's participation in the Program. I hereby freely accept and assume all risks associated with the participation of my child in the Program. I agree to save harmless and keep indemnified the Vegreville Preschool Association and the Kalyna Family Resource Network, their board members, employees, volunteers, organizers and their respective agents, officials, servants and representatives from and against all claims actions, costs and expenses and demands in respect of death, injury, loss or damage to me or my child's person, however caused, rising out of or in connection with my child's taking part in this event but limited to taking part in this event, and notwithstanding that the same may have contributed to or occasioned by the negligence of the said bodies or any of them, their agencies, officials, servants or representatives.

## Section 6: Parent Survey

**Before attending Sizzlin' Summer:**

**My child responds appropriately to the feelings of others**

Never

Almost Never

Sometimes

Fairly Often

Very Often

**My child makes friends easily**

Never

Almost Never

Sometimes

Fairly Often

Very Often

**My child resolves conflict peacefully with other children**

Never

Almost Never

Sometimes

Fairly Often

Very Often

**My child feels good about themselves**

Never

Almost Never

Sometimes

Fairly Often

Very Often

## Section 7: Registration







Please check off which days your child would like to come to camp: **Please note, there are only 25 spots available each day.**

Campers can sign up for individual days or weeks.  
Prices are set for \$20 a day.

Days:	Drop-Off	Pick-Up
Monday to Thursday	8:30-9:00 am	3:30- 4:00 pm

# July–August 2024



Weekly Themes	Monday	Tuesday	Wednesday	Thursday
 <b>The Arts and Expression</b>	1 <b>Holiday! No Program</b>	2 Song <input type="checkbox"/>	3 Dance <input type="checkbox"/>	4 Expression <input type="checkbox"/>
 <b>Sports Spectacular</b>	8 Sports <input type="checkbox"/>	9 Water Sports <input type="checkbox"/>	10 Field Sports <input type="checkbox"/>	11 Running Racers <input type="checkbox"/>
 <b>Culture, History and Travel</b>	15 International Investigations <input type="checkbox"/>	16 Celebrate your own Culture! <input type="checkbox"/>	17 Canadian History <input type="checkbox"/>	18 Vegreville's Past and Present <input type="checkbox"/>
 <b>Earth and Environment</b>	22 Trees and Plants <input type="checkbox"/>	23 Volcanoes and Fire <input type="checkbox"/>	24 Canadian Wildlife <input type="checkbox"/>	25 Ecosystems <input type="checkbox"/>
 <b>Our World: Discovery</b>	29 Exploration <input type="checkbox"/>	30 Ocean Analysis <input type="checkbox"/>	31 Space Odyssey <input type="checkbox"/>	1 Deep Water Discovery <input type="checkbox"/>
 <b>Imagination Inspiration</b>	5 <b>Holiday! No Program</b>	6 Mermaids and Pirates <input type="checkbox"/>	7 Fairytails <input type="checkbox"/>	8 The END <input type="checkbox"/>

Jumpstart Funding is available for families who may need it.

FOR OFFICE USE ONLY

Paid in full: ☐

- Cash ☐
- Credit/Debit ☐

Date



## Section 8: Medication Form (If needed)

Name of Parent/Guardian:

Name of Child:

Medication Name:

### Terms of Administration of Medication

- Staff will not administer prescribed or non-prescribed medications. Sizzlin' Summer staff will, however, remind participants to take medication.
- A daily dose of the prescribed medication must be brought to the program in its original container with the child's name, type of medication and prescribed dosage clearly labeled by the pharmacist of physician/
- Participants who require life-saving medications, such as Ventalin or an Epipen will be responsible for having their medication on hand at all times.

I, the undersigned, do hereby agree to the terms as listed above.

\_\_\_\_\_  
Parents Signature

\_\_\_\_\_  
Date

PLEASE ATTACH ACTION PLANS FOR ANY SERIOUS MEDICAL ISSUES (e.g. EPI Pens, Seizures, Diabetes, Inhalers, etc)

Medications	Dose	Schedule & Other Details