



# 2018 CARA Summer Recreation Program REGISTRATION FORM

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Name: \_\_\_\_\_

MCP #: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Grade just Completed: \_\_\_\_\_

Name of Parents/ Guardians: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

**PLEASE INDICATE WHO THE PRIMARY CONTACT IS IN THE CASE OF AN EMERGENCY:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Tel: \_\_\_\_\_ Work Tel: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Address: \_\_\_\_\_

**Does your child have any health issues or concerns we should be aware of: YES NO**

If yes, please describe what the concern(s) is: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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**IMPORTANT INFORMATION REGARDING CARA SUMMER RECREATION PROGRAM 2018:**

The Clarenville Area Recreation Association(CARA) Summer Program is back and promises to be better than ever. CARA is fully committed to making the program more enjoyable for our youth. Our goal is simply to provide a safe, structured youth program that your kids can enjoy during the summer months, all while being more active. Children have the option to register for the entire 6-week program, which will provide quality programming Monday to Friday from 9:00am-12Noon and 1:00pm-4:00pm, or they can register on a weekly or daily basis. The program will start on Monday July 9<sup>th</sup> and will run until Friday August 17<sup>th</sup>. **Supervision for your child will be during the scheduled time of the activity he/she is participating in. There will be no supervision provided during the lunch break between 12Noon to 1:00pm.** Children are encouraged to bring along a bottle of water and snack for the day.

**Activities**

**Activities include:** Ultimate Frisbee, Music/Theatre, Fun Movement, Indoor Curling, Basketball, Run Throw Jump Wheel, Badminton, Soccer, Lacrosse, Arts and Crafts, Tchouckball, Table Tennis, Spike Ball, Ball Hockey, Flag Football, Softball, Volleyball, Tennis (3-6) Outdoor Adventures and much more!

**Registration**

Full Six Week Program: \$220 per child (HST inc.). \$90 (HST Inc.) per each additional child in the same family.  
Weekly Fee: \$45.00 (HST Inc.)  
Daily Fee \$15.00 (HST Inc.)

**Participation Permission**

I hereby agree to allow my child \_\_\_\_\_ to participate in the C.A.R.A. Summer Recreation Program 2018. I acknowledge that my child is healthy and well enough to participate in this program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Wavier Form**

I, the undersigned, parent/legal guardian of the above named child do hereby give permission for \_\_\_\_\_ to participate in the 2018 CARA Summer Recreation Program sponsored. I acknowledge and agree that \_\_\_\_\_ may use any facilities when permitted at his / her own risk and shall not cause or permit court or other legal proceedings on behalf of myself or my child to be brought against the Association members of employees

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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### Media Release Form

I hereby authorize any images or video footage taken of my youth (under 18 years of age), in whole or in part, individually or in conjunction with other images and video footage, to be displayed on the Clarenville Area Recreation Association Facebook page or other social media platforms in conjunction with this organization. I also authorize the display and use of any media material created by my youth within the (institution name).

I waive rights to privacy and compensation, which I may have in connection with such use of my youth's name and likeness, including rights to be written copy that may be created in connection with video production, editing and promotion therewith.

I am over 19 years-of-age and the parent or legal guardian of the youth, and I have read this waiver and am familiar with its content.

Parent / Guardian Name (Please Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Youth's Name: \_\_\_\_\_

Date: \_\_\_\_\_

PLEASE NOTE: C.A.R.A. reserves the right, if required, to cancel or alter any program time, cost, or location as outlined in this application or accompanying brochure without notice due to insufficient registration or attendance, change in policy, or availability of instructors. All schedules and venues as outlines in this application are tentative

### Additional Event Permission Forms

#### **Permission for emergency Transport**

I, \_\_\_\_\_ (Parent/Guardian) give the Summer Recreation leaders and Coordinators of the C.A.R.A. Summer Program the permission to contact any or all emergency transportation services to secure emergency care for my child

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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### Please Indicate Which Registration Option You Would Like

Full Six Week Program \_\_\_\_\_ (\$220.00 + \$90.00 for each additional child, HST Inc.)

Weekly (# of weeks/ weeks of choice) \_\_\_\_\_ (\$45.00 x # of weeks HST Inc.)

Daily (Days of your Choice) \_\_\_\_\_ (\$15.00 x # of Days HST Inc.)

FAMILY DISCOUNT APPLY? YES NO

Date: \_\_\_\_\_