



Bashaw & District Support Services
Ph. 780-372-4074, Fax. 780-372-395
frontdesk.bdss@gmail.com
4909 50 St Bashaw, AB



Alix Mirror Wellness Supports Society
Ph. 403-396-3369, Fax 403-747-2082
alixmirrorwellness@gmail.com
Bay 1&2, 5008 50 Ave Alix, AB



2026 SUMMER Program REGISTRATION FORM

***Please join our REMIND APP by following the instructions below ***

Dear Parents/Guardian(s),

The Bashaw and Area Community Resource Centre, Bashaw Youth Centre and Alix and Area Community Resource Centre require this membership package to be filled out by all the Parents/Guardians of the youth attending the summer programming. For the protection and safety of your child please complete the provided forms and return it to the either Bashaw and Area Community Resource Centre or Alix and Area Community Resource Centre as soon as possible.

The Bashaw and Area Community Resource Centre, Bashaw Youth Centre and Alix and Area Community Resource Centre are establishing policies and procedures for the safety of your child and for the daily operations of the summer programming. To allow both staff and volunteers to be aware of who is in the centre at all times, please ensure your child knows they are required to sign in upon entering the building.

The summer programming is drop-in based and cannot be responsible for your child if she/he leaves the building. Please arrange a pick up time with your child and inform them they must remain at the centre until the time. We will try to the best of our abilities to make sure your child remains in the facility if these arrangements have been made, but ultimately we cannot be held responsible.

Remind App Instructions:

Step 1: Text the number (902) 800-4082

Step 2: message the following "@bcentre"

Step 3: Wait for approval to join from administration



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I hereby give permission for the Bashaw and Area Community Resource Centre, Bashaw Youth Centre and Alix and Area Community Resource Centre staff to administer/perform medical emergency procedures (i.e., First Aid, CPR) and take action as necessary for the health and well-being of my child. I understand that I will be responsible for all medical expenses.	Parent Initial	Staff Initial
If I, nor my emergency contact person can be reached, I hereby consent to allow staff of Bashaw and Area Community Resource Centre, Bashaw Youth Centre and Alix and Area Community Resource Centre, whether employed or volunteer to arrange transportation for my child to the nearest medical facility in case of an emergency.	Parent Initial	Staff Initial

EMERGENCY CONTACT: REQUIRED

Name: _____ Physical Address: (cannot be a box #) _____ Phone Number: _____

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All above information **must** be filled out as it is a regulated requirement by Child and Family Services

Release of Child I authorize the following individuals to pick up my child:

Name: _____ Physical Address: (cannot be a box #) _____ Phone Number: _____

Custodial Information (Please Print)

Are there any custodial matters or guardianship rulings that the program staff should be aware of?
Y N

If "yes", documentation must be provided, and a copy kept on file.

The above information has been received and filed by _____

Date received and filed _____

Select Activities:

<input type="checkbox"/> JULY Outing ___ # Days x \$25/outing/child	<input type="checkbox"/> JULY Daily Drop-In ___ # Days x \$15/drop-in/child	<input type="checkbox"/> JULY Monthly Fee \$75/child	<input type="checkbox"/> JULY Swimming \$90/child
<input type="checkbox"/> AUGUST Outing ___ # Days x \$25/outing/child	<input type="checkbox"/> AUGUST Daily Drop-In ___ # Days x \$15/drop-in/child	<input type="checkbox"/> AUGUST Monthly Fee \$75/child	<input type="checkbox"/> AUGUST Swimming \$90/child

FOR OFFICE USE ONLY:

Payment:

CASH

CHEQUE

DATE: _____

STAFF INITIAL: _____



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Permission & Consent Forms

(Child's name) _____

Dear Parent:

In order to obtain Liability coverage for the registered children in any of the Bashaw and Area Community Resource Centre, Bashaw Youth Centre and Alix and Area Community Resource Centre it is necessary for you, the parent/guardian to be aware of the risks involved in the operation of this program.

The risks may include, but are not limited to, bodily injury, death and property damage to your child and/or others during this program. By providing your initials below, you acknowledge these risks.

Please initial the following:

Inherent Risks	Parent Initial	Staff Initial
I acknowledge that I have been informed of any inherent risks connected to this program.		
Volunteers	Parent Initial	Staff Initial
I acknowledge that some workers are volunteers whose skills and abilities vary according to their training. All volunteers will be screened before acceptance for duties.		
Daily Application Consent	Parent Initial	Staff Initial
I hereby permit the application of daily items such as lotion/cream, sunscreen, bug spray and Chapstick as supplied by parents to the affected/required area for my child.		
Freedom of Information & Protection Act	Parent Initial	Staff Initial
I hereby permit the sharing of necessary personal information (name, phone number) with other program parents for program coordination and fundraising.		
Out of Facility Consent	Parent Initial	Staff Initial
I allow the staff of the program to escort my child on Community Walks and other forms of transportation (Examples of, but not limited to: walks, library, long-term care, fire hall, police station, busing to scheduled outings, etc.) within the Town of Bashaw and Village of Alix, weather permitting. An appropriate staff/child ratio will be followed. Information will be posted on the door of the Youth Centre.		
I understand that participating in Program Outings offered by Bashaw and Area Community Resource Centre, Bashaw Youth Centre and Alix and Area Community Resource Centre involves a certain degree of risk that could result in injury, death, or loss or damage to person or property. After careful consideration of the risk involved, and in view of the fact that the Bashaw and Area Community Resource Centre, Bashaw Youth Centre and Alix and Area Community Resource Centre are non-profit organizations, I hereby release, hold harmless and waive all claims associated with this activity which I		



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<p>may have against the Bashaw and Area Community Resource Centre, Bashaw Youth Centre and Alix and Area Community Resource Centre, its employees, officers, directors, agents, volunteers, and members.</p>		
<p style="text-align: center;">Photo Permission</p> <p>I hereby release for publication, promotional, educational or telecast in any news medium, the photograph of my child.</p>	<p>Parent Initial</p>	<p>Staff Initial</p>
<p style="text-align: center;">Fee Acknowledgement</p> <p>I acknowledge that I have been informed about and understand the fee structures of Summer Programs and adhere to payment requirements to access services.</p>	<p>Parent Initial</p>	<p>Staff Initial</p>
<p style="text-align: center;">Shared Information Consent</p> <p>I agree to the sharing of information about my child by the staff of Bashaw and Area Community Resource Centre, Bashaw Youth Centre and Alix and Area Community Resource Centre</p>	<p>Parent Initial</p>	<p>Staff Initial</p>
<p style="text-align: center;">Nonsense Policy</p> <p>A Bully is defined as a blustering, quarrelsome, overbearing person who habitually badgers and intimidates smaller or weaker people.</p> <p>We work hard to ensure that all children feel safe and secure while in our care. The staff are expected to always respect all parents and families. In return, it is expected that the parents and families be respectful to the staff and children in Bashaw and Area Community Resource Centre, Bashaw Youth Centre and Alix and Area Community Resource Centre programs.</p> <p>Bullying, unfortunately, exists in our world, but we ask that it stay out of our programs. This includes the children, staff and parents/families. Please be respectful to one another. Should bullying continue to occur in our environment, be it from children, staff or families, the consequences will be enforced by our board of directors. Such enforcement could entail removal from the program. We believe in working with families for the good of the children and the community, and we will try our best to work together to reach common ground. Disrespect and bullying will not be tolerated.</p> <p>No person will be permitted to use foul language or inappropriate language or conversation while in the presence of any children.</p> <p>No person will be permitted to use threatening language to children, staff or parents in the location of the program area</p>	<p>Parent Initial</p>	<p>Staff Initial</p>
<p style="text-align: center;">COVID-19</p> <p>Bashaw and Area Community Resource Centre, Bashaw Youth Centre, and Alix and Area Community Resource Centre have implemented preventive measures to reduce the spread of COVID-19; however, we cannot guarantee that you or your child/children will not become infected with COVID-19.</p>	<p>Parent Initial</p>	<p>Staff Initial</p>



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<p>Further, attending activities could increase your risk and your child/children's risk of contracting COVID-19.</p> <p>By initialling, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child/children and I may be exposed to or infected by COVID-19 by attending activities and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 during summer programming may result from actions, omissions, or negligence of myself and others, including but not limited to, Bashaw and Area Community Resource Centre, Bashaw Youth Centre and Alix and Area Community Resource Centre employees, volunteers, and program participants and their families.</p>		
<p style="text-align: center;">Social Media</p> <p>As a program, we understand the importance of utilizing social media for the promotion of our programs, but we want to ensure we are safeguarding the rights and privacy of the families, staff, and children. Bashaw and Area Community Resource Centre, Bashaw Youth Centre and Alix and Area Community Resource Centre and its program's main source of communication with the community, families and staff is Facebook and Instagram. Posts will be related to projects and activities in which the children are participating, relevant news or articles, and upcoming events.</p> <p>The program managers will supervise the social media sites. They will control the content of posts, ensuring they are consistent with the values and beliefs of the programs. Any posts or comments that are found to be inappropriate will be deleted immediately, and the offending user will be reported and blocked from the site.</p> <p>At no time should an individual's page be used to talk negatively about the programs or any of the other staff, families, or children.</p> <p>Participants are not permitted to post any photos taken in the program, other than those of their own. All parents/guardians must indicate on the program consent form whether they approve the program to use the child/children's images on individual social media sites.</p> <p>The program will welcome feedback from families, staff, and the community on the effectiveness and content of the sites. Any grievance or feedback will be documented in writing and responded to by the program manager.</p>	Parent Initial	Staff Initial
<p>I acknowledge that I have read and understood this document in its entirety and acknowledge that this agreement will constitute a complete release of liability for Bashaw and Area Community Resource Centre, Bashaw Youth Centre and Alix and Area Community Resource Centre, subject to the provisions above.</p> <p>I acknowledge that the items in the 2026 Summer Program Registration package have been discussed verbally with me, and I have been provided an opportunity to ask questions.</p> <p>Parent/Guardian (please print) _____</p> <p>Signature of Parent/Guardian _____</p> <p>Date: _____</p>		



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Calendars

Please check off any or all dates your child would be interested in attending and return with the registration package. If you have more than one Child attending, please specify which children are going to which events.

PARTICIPANT(S) NAME: _____

JULY

S	M	T	W	T	F	S
28	29 CLOSED	30 CLOSED	1 CLOSED	2 CLOSED	3 CLOSED	4
5	6 ★ OUTING Summer Kick-off: Barneys Adventure	7 DROP-IN GNOMES & FAIRIES	8 DROP-IN SCAVENGER HUNT & OUTDOOR GAMES	9 DROP-IN NATURE CRAFTS	10 DROP-IN NATURE TRAIL	11
12	13 DROP-IN WEIRD SCIENCE	14 DROP-IN MIXED MEDIA ART	15 DROP-IN OUTDOOR SCIENCE	16 NIGHT AT THE CENTRE: TYE-DYE SLEEPOVER 4PM-10AM	17 CLOSED	18
19	20 ★ (Drop-in 1:30PM - 4PM) SWIMMING LESSONS + BEACH ADVENTURE 10AM-4PM	21 ★ (DROP-IN 1:30PM - 4PM) SWIMMING LESSONS + WATER ART 10AM-4PM	22 ★ (DROP-IN 1:30PM - 4PM) SWIMMING LESSONS + WATER GAMES 10AM-4PM	23 ★ (DROP-IN 1:30PM - 4PM) SWIMMING LESSONS + MESSY ART 10AM-4PM	24 ★ NO DROP-IN SWIMMING LESSONS + STETTLER SPARY PARK + ICE CREAM 10AM-4PM	25
26	27 ★ OUTING Discovery Wildlife Park in Innisfail	28 DROP-IN ANIMAL ART	29 DROP-IN ANIMAL OUTDOOR GAMES	30 DROP-IN ANIMAL MASKS & FACE PAINTING	31 CLOSED	1

AUGUST

S	M	T	W	T	F	S
26	27	28	29	30	31	1
2	3 CLOSED	4 DROP-IN BEACH DAY	5 ★ OUTING Blackflads Abbey Centre	6 ★ DROP-IN CARNIVAL	7 ★ OUTING Sundre & District Museum	8
9	10 DROP-IN CSI	11 DROP-IN FINGERPRINTS & SPY GEAR	12 DROP-IN SPY GAMES	13 NIGHT AT THE CENTRE: GLOW IN DARK SLEEPOVER 4PM-10AM	14 CLOSED	15
16	17 ★ (DROP-IN 1:30PM - 4PM) SWIMMING LESSONS + TIME TRAVELLER 10AM-4PM	18 ★ (DROP-IN 1:30PM - 4PM) SWIMMING LESSONS + OLD FASHIONED TREATS & TOYS 10AM-4PM	19 ★ (DROP-IN 1:30PM - 4PM) SWIMMING LESSONS + DINOS! 10AM-4PM	20 ★ (DROP-IN 1:30PM - 4PM) SWIMMING LESSONS + SPACE! 10AM-4PM	21 ★ (DROP-IN 1:30PM - 4PM) SWIMMING LESSONS + FOAM PARTY!! 10AM-4PM	22
23	24 ★ OUTING Treehouse Playground in Red Deer	25 ★ (Taco Lunch) DROP-IN TRACK & FIELD... ALIX VS BASHAW!	26 (Hot Dog Lunch) DROP-IN SUMMER SEND-OFF GAMES & ACTIVITIES!	27 CLOSED	28 CLOSED	29



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SWIMMING LESSON REGISTRATION

July

Child's Name: _____

Date of Birth (DD/MM/YYYY): _____

Age: _____

Current Swim Level: _____

August

Child's Name: _____

Date of Birth (DD/MM/YYYY): _____

Age: _____

Updated Swim Level (If child passed in July): _____

Emergency Contact: _____

Phone Number: _____