

Activity Registration Form

SECTION 1: Participant Information

Name: _____ Date of Birth: _____

Alberta Health Care Number: _____

Family Physician: _____ Family Physician Phone: _____

Medications

Other Information

SECTION 2: Parent/Guardian Information

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____

Alternate Emergency Contact: _____ Relation: _____ Phone: _____

SECTION 3: Pick-up and Drop-off Information

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

I give permission for the Participant to leave after the Activity has ended on any given day without being signed out. The Participant will sign out for themselves. Yes No

SECTION 4: Medical Statement

In case of an emergency or illness, the University will attempt to contact the parent/guardian or emergency contact. However, if contact cannot be made, I agree that in the case of an emergency or illness, a qualified medical professional may attend to the Participant. Initial _____

Parent or Guardian Signature: _____ Date: _____

PERSONAL INFORMATION COLLECTION NOTICE

The personal information requested on this form is collected and protected under Part 2 of the Albert Freedom of Information and Protection of Privacy Act for the purpose of managing the Activity. Questions related to the collection and use of this information should be directed to the Lead, Privacy and Information Management at privacy@macewan.ca

Behavioural Expectations

Participant Information

Name: _____ Parent/Guardian Name: _____

Activity: _____

I hereby attest that I have read and agree to accept the behavioral expectations listed below:

<p>Participants:</p> <ol style="list-style-type: none"> 1. Respect the facility. 2. Follow the policies and procedures of the Activity. 3. Follow the rules of the Activity. 4. Respect all Grant MacEwan University Staff members. 5. Be inclusive and respectful to all camp peers. 6. Make having fun a priority. 7. Bullying will not be tolerated. 8. Promote a safe play environment for all participants. 9. Take emergency procedures seriously. 10. Cell phones are for emergencies only and will not be used during scheduled programming. 	<p>Parents/Guardians:</p> <ol style="list-style-type: none"> 1. Drop off and pick up times will be respected. 2. Notice will be given as soon as possible to late arrivals or pickups. 3. A lunch and snack will be provided. 4. Camp participant will be unable to leave the Drop off zone with an unauthorized individual unless permission is given ahead of time. 5. Hand in forms correctly and in a timely manner. 6. Failure of your child to meet the behavioral expectations will result in progressive discipline.
---	---

The Activity has a three-strike policy in place for serious behavior:

1. The Participant will be given a warning that the behavior is unacceptable and an explanation as to why the behavior is inappropriate. Parent/Guardian will be informed at pick up period.
2. The Participant will be subject missing an activity and/or receive appropriate punishment. Parents are called and suggestions to improve behavior will be discussed
3. The Participant will be sent home and enrollment in the Activity will be terminated.

*If serious behavior that goes directly against the behavioral expectations, the child may be sent home with no warnings (e.g. the intake of drugs or alcohol, physical violence inflicted on other campers resulting in serious injury).

I understand that my child may face expulsion as a result of their failure to abide by these expectations and responsibilities. In understanding the consequences, I have reviewed the expectations with the individual I am allowing to participate and ensure their cooperation and understanding of such.

Parent or Guardian Signature: _____

Date: _____

PERSONAL INFORMATION COLLECTION NOTICE

The personal information requested on this form is collected and protected under Part 2 of the Alberta Freedom of Information and Protection of Privacy Act for the purpose of managing the Activity. Questions related to the collection and use of this information should be directed to the Lead, Privacy and Information Management at privacy@macewan.ca

Consent to Collect, Use, and Disclose Photos, Audio or Video Recordings

Important – Complete this form when a photo, audio, video or written recording is needed for media, promotions, publications, education, presentations and other similar purposes.

Name of individual being recorded				
Address	City/Town	Prov	Postal Code	Phone Number ()
Name of Individual giving consent (<i>Individual or Authorized Representative</i>)		Source of Representative's Authority <input type="checkbox"/> Parent of a minor <input type="checkbox"/> Another type of Authorized Representative (<i>e.g. Guardian</i>)		
Type of recording (<i>check all that apply</i>) <input type="checkbox"/> Still/Digital Photographs <input type="checkbox"/> Sound Recordings <input type="checkbox"/> Video Recordings (<i>with or without sound</i>) <input type="checkbox"/> Other, specify _____				
Scope of Use or Disclosure <input type="checkbox"/> Internal only <input type="checkbox"/> Both internal and external to MacEwan				
Purpose of collection: <input type="checkbox"/> Media Release/Interviews <input type="checkbox"/> Advertising/Promotions <input type="checkbox"/> Student Assignment <input type="checkbox"/> Program/course <input type="checkbox"/> Publications <input type="checkbox"/> Other, specify _____ <input type="checkbox"/> Presentations/Displays <input type="checkbox"/> Website/Social Media				
Name of person, organization, or group the recording is being shared with: (<i>e.g. "Edmonton Journal", "Sport and Wellness", etc.</i>)				
<p>I authorize MacEwan University, including its employees, agents, assigns, or any other third party the University may authorize on its behalf (collectively called the "University"), to take my photograph, audio, or visual recording and use it for the purpose stated. I agree to release and discharge the University from the responsibility and liability of the content and claims for the printed/electronic communication where my information was used. I know that I can withdraw my consent at any time by informing the University in writing.</p> <p>Additionally, I consent to the identity of the individual to be included in any resource developed or published in print, electronic, digital, or any other format which uses the recordings. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>You may use: <input type="checkbox"/> First and Last Name <input type="checkbox"/> First Name Only <input type="checkbox"/> School or Business</p>				
_____ Signature of Individual (if over 18)		_____ Signature of Authorized Representative		
_____ Date		_____ Date		
Expiry date of consent: _____ <input type="checkbox"/> None		Expiry date of consent: _____ <input type="checkbox"/> None		
*If a date is not specified, the consent will not expire until the University is notified.				

Protection of Privacy - The personal information on this form, together with any record authorizing a representative to act on behalf on the individual, is being collected under section 33(c) of the Freedom of Information and Protection of Privacy Act ("FOIP") for the purpose described above with your consent. Your personal information is protected from unauthorized access, use, and disclosure through the privacy provisions of FOIP. For questions about the collection of your personal information please contact the Privacy and Information Management Office at (780) 497-5423 or privacy@macewan.ca.

Consent, Waiver and Release of Liability (Child Participant)

To: The Board of Governors of Grant MacEwan University (“University”)
From: The undersigned Parents or Guardians of the Participant (“we” or “us”)
Child: _____ (the “Participant”)
Re: _____ (“Program”)

1. We consent to and provide our permission for the Participant to participate in the Program offered by the University, operated by the University.
2. We confirm that the Participant is in proper physical condition to participate in the Program and acknowledge that:
 - (a) the Participant’s participation in the Program could in some circumstances result in physical injury; and
 - (b) during the Program the Participant may participate in training and activities both on University premises and elsewhere in the City of Edmonton and may be a passenger in a vehicle driven by a University employee or University contractors, which vehicles may or may not be owned, registered or insured, by the University.
3. The University is prepared to allow the Participant to participate in the Program on the condition that the University and its employees, officers, agents, volunteers, students, contractors and board members (together with the University the "Protected Parties") be absolved from any responsibility, liability or claim for any loss or injury which the Participant may suffer while participating, or traveling to, the Program. We hereby absolve the Protected Parties from such responsibility, liability or claim.
4. We further agree that:
 - (a) Neither we nor the Participant will sue the University for any harm suffered by the Participant and, in

particular, we, and the Participant, through our guardianship and agency, hereby release the Protected Parties from any and all liability whatsoever for any injury or loss, including death, or expense that the Participant or we, or any of us, may suffer, incur or be put to in respect of any occurrence or thing occurring to the Participant while engaged in, or while being transported to or from, or while observing, or while being in the vicinity of, the Program even where such injury, loss or expense is wholly or partly attributable to the negligence of the Protected Parties.

(b) We agree to indemnify and save harmless the Protected Parties from and against any and all loss, damage, expense or liability suffered or incurred by any Protected Parties for any and all claims, judgments and costs (including solicitor client legal fees) incurred or suffered by or obtained against any Protected Parties as a result of any legal action against any Protected Parties (whether directly or by way of third party proceedings) to claim damages or contribution for or in respect of any injury, loss, damage or expense arising from or in any manner connected with the Participant’s participation in the Program.

5. We provide this waiver, release of liability and indemnity in addition to any other waiver, release or indemnity that we have given to the University in connection with any other matter.
6. Where there is only one parent or guardian signing this agreement the plural is deemed to include the singular. Where there are two parents or guardians signing this agreement their obligations are joint and several.
7. **We recognize that we should read this agreement before signing it, but we agree to be bound by the terms of this document whether we have read it or not. WE ARE AWARE THAT BY SIGNING THIS DOCUMENT WE AND THE PARTICIPANT ARE, AMONG OTHER THINGS, GIVING UP OUR RIGHT TO SUE CERTAIN PERSONS IF THE PARTICIPANT IS INJURED OR SUFFERS SOME OTHER LOSS EVEN WHERE IT IS THAT PERSON’S FAULT.**

SIGNED this _____, day of _____, 20_____.

Signature of Parent/Guardian

Print Name

Witness

Signature of Parent/Guardian

Print Name

Witness