

Town of Redwater
Recreational Skating Program Registration Form



Child Information:

Last Name: _____ First Name: _____

Age: _____ Gender: M F

Medical/ Behavioral/Concerns:

Parent/Legal Guardian Information:

Name: _____

Mailing Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email address: _____

I reside in: Redwater _____ Sturgeon County _____ Thorhild County _____ Other _____

Session Registration

- 4:30 - 5:00 pm, PRESCHOOL (Ages 4-6), Tuesdays, October 4 to November 8, 2022
- 4:30 - 5:00 pm, PRESCHOOL (Ages 4-6), Tuesdays, November 15 to December 20, 2022
- 5:15 - 5:45 pm, SCHOOL-AGED (Ages 7 and up), Tuesdays, October 4 to November 9, 2022
- 5:15 - 5:45 pm, SCHOOL-AGED (Ages 7 and up), Tuesdays, November 15 to December 20, 2022

Program Requirements:

I understand and agree to ensure that either I myself (parent) or a designated caregiver (14 years or older) will accompany my child on the ice as required by the instructor. I understand that my child must wear a CSA approved hockey helmet in order to participate in the program, and that shin or knee pad protection is recommended. I understand and will ensure that I or the designated caregiver will wear skates or clean *indoor shoes*, and that a helmet is recommended.

Please initial _____

Name of Designated Caregiver that will accompany my child on the ice: _____

LIABILITY AND PERSONAL INFORMATION WAIVER

The information on this form is being collected for the purpose of a municipal operation or activity under the authority of the *Freedom of Information and Protection of Privacy Act*, Section 33 (c). This information will be used at the discretion of the Town of Redwater and will be released to the contractor facilitating the program referred to on this form. For more information contact: FOIP Coordinator, Town of Redwater, Box 397, Redwater, Alberta, T0A 2W0, 780-942-3519.

Under Section 38 of the *Freedom of Information and Protection of Privacy Act*, Municipalities must protect the personal information it collects by making reasonable security arrangements against such risks as unauthorized access, collection, use, disclosure or destruction. Also, Municipalities must comply with Sections 39 and 40 when using and disclosing personal information.

I, _____, have informed myself of any and all risks that could take place due to my participation or my child's participation with the program and hereby release the Municipality or Agency, its employees, instructors, agents and volunteers from any claim for loss, injury or damage to person or property either directly or indirectly, from the attendance, including participation in any activity scheduled or unscheduled, including travel to and from any location for myself or my children. I acknowledge having read and understood this release and accept the terms therein.

Signature of Parent/Legal Guardian: _____ DATE: _____

RECEIPT #: _____