



Centennial Place
 501B 3rd Street West
 Hanna, AB T0J 1P0
 403-854-4700



2019 Registration Form

A separate Registration Form must be filled out for each child attending Epic Adventures. Must be 5 – 12 years of age.

Child's Name: _____ Gender: _____ Age: _____ Birthday: DD / MM / YYYY

ALLERGIES: _____

MEDICAL CONCERNS: _____

BEHAVIOURAL CONCERNS: _____

HEALTH CARD #: _____

SWIMMER NON-SWIMMER

T-SHIRT SIZE: YOUTH SMALL (6-8) YOUTH MEDIUM (10-12) YOUTH LARGE (14-16) ADULT SMALL ADULT MEDIUM ADULT LARGE

Program Fees:

Individual	2 or more children*
\$35/day	\$30.00/day
\$125/week	\$120/week
\$450/month	\$400/month

* from the same family (per child)

Choose five (5) consecutive days to receive the weekly rate. Choose any four (4) program weeks out of the summer for a monthly fee.

Payments & Receipts

Payment and/or arrangements required prior to child attending (upon registration). Financial assistance may be available. The Town Office will NOT be issuing duplicate receipts. Receipts will be issued upon payment.

DATES	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	Cost
July 3-5 <i>Happy Campers</i>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
July 8-12 <i>World Travellers</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
July 15-19 <i>Art Craze</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
July 22-26 <i>Sports Week</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
July 29-August 2 <i>Gadgets & Gizmos</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
August 6-9 <i>Good Times</i>	<i>Civic Holiday</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Parade – 6 pm</i> <input type="checkbox"/>	
August 12-16 <i>Caring for your Community</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
August 19-23 <i>Show Time!</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Total: _____

Parent/Guardian Information:

Physical Address: _____ Box #: _____
City: _____ Province: _____ Postal Code: _____
Home Phone #: _____ Email: _____

(Parent/Guardian Name) Daytime Phone #: _____ Relationship: _____
*Mandatory Cell Phone #: _____

(Parent/Guardian Name) Daytime Phone #: _____ Relationship: _____
Cell Phone #: _____

Alternate Contact Information: (If parents/guardians cannot be reached) *Mandatory

(Name) Daytime Phone #: _____ Relationship: _____
Cell Phone #: _____

Consent: * (Mandatory)

* I give permission for photographs/videos that may be taken of my child(ren) throughout Epic Adventures to be used in promotional materials, videos, websites, newspaper ads, social media or future brochures. Names will not be used.

I agree I do not agree

* I give permission for my child to participate in Epic Adventures offsite trips. These trips may include the swimming pool, parks and playgrounds, library, museum, and walks around town. Children that are not attending the offsite trip are required to be picked up by a parent.

I agree I do not agree

* In the event of an emergency, I give consent for an authorized Town of Hanna staff member to authorize on my behalf all procedures (including admission to the hospital and necessary treatment) if contact cannot be made with the parents/guardians or emergency contacts.

I agree I do not agree

Name of Parent/Guardian Signature Date
(Please Print)

Additional Comments:

