

Town of Kentville Program Application



Confidential

All Information must be completed. You will be contacted to confirm your child's registration

Application Deadline: 4:30 pm on *March 31, 2016*

Cost: None

Program Dates: April 4-22, 2016 (only 3 weeks)

❖ **PLEASE NOTE:** Each child comes to Trailblazers 2 days per week:

Mondays & Wednesdays — Primary to Grade 2 — 2:30 to 4:30 pm
April 4, 6, 11, 13, 18, 20

Tuesdays & Fridays — Grades 3 to 6 — 2:30 to 4:30 pm
April 5, 8, 12, 15, 19, 22

Trailblazers is made possible
this season thanks to



Child/Participant Information

Name: _____ **Grade:** _____

Birth Date: _____ **Health Card #** _____ **Expiry:** _____

Address _____

Parent/Guardian Information

Name(s) _____

E-mail address _____

May we contact you by e-mail about future recreation events & programs? Yes No

Phone #'s home: _____ work: _____ mobile: _____

In case of EMERGENCY, notify _____ **at:**
home: _____ work: _____ mobile: _____

"Home-Safe" information:

My child can walk/bike home from the after school program on their own or with friends

The following people are allowed to pick up my child: _____

Video/Photograph Consent

We occasionally take photos to document a group learning experience, which could then be used in our promotional and/or educational materials. Permission is granted for the Town of Kentville to use still photographs or video footage of this participant for these purposes. YES NO

Participant Name _____

Parent/Guardian Signature _____

Date _____

We endeavour to make our programs safe and enjoyable, inclusive and beneficial to all participants. The information you provide here will help us in achieving these goals. Please be as specific as possible.

What are your own and your child's hopes and/or concerns about his/her participation in this program? Is there anything special you would like us to know?

Describe any allergy, medical, behavioral, learning, developmental, dietary, and/or social-emotional needs of the participant. Please provide as much detail as possible; this helps our staff to be better prepared to meet the child's needs. Attach additional sheets if required.

Please describe any circumstances that may create barriers to your child's participation that we may be able to help overcome.

Release of Liability

I understand that although safety will be a priority, parts of the program may be physically or emotionally challenging. I recognize the inherent risk of injury in outdoor adventure-based activities. I understand that each participant must assume the risk of injury that could result from any of these activities. I release the Town of Kentville and its staff members from all liability for any injury to my child from participating in the After School Program activities. The Town of Kentville has the right to remove any child if the child has proven to be a hindrance to the safety and/or operation of the afterschool program.

To the best of my knowledge _____ is in good physical condition (except as noted previously) and capable of participating in an active program. Authority is granted for him/her to receive emergency medical treatment as deemed appropriate. **(In the event of an emergency, you will be contacted immediately!)**

Signature of Parent/Guardian

Date

Cancellation: There is a waiting list for this program. If you have to cancel, give us enough time to fill your spot so that someone doesn't miss out on the opportunity.

If you have any questions, please contact us:

Kentville Recreation
Phone: 902-679-2539
E-mail: recreation@kentville.ca

Please return your completed form to:	
	354 Main Street Kentville, NS B4N 1K6