



Please complete and print this form and bring to the first day of program.

An online form is also available - [click here](#)

Free Children's Summer Program - Participant Information Form

Participant Information

*Participant's Name (First & Last):

Age: Date of Birth (mm/dd/yy):

What location is your child attending? (select up to 2):

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Arcola East Community Association** | <input type="checkbox"/> École Harbour Landing School** | <input type="checkbox"/> McDermid Community School | <input type="checkbox"/> South Leisure Centre |
| <input type="checkbox"/> Argyle North Community Association** | <input type="checkbox"/> École Wascana Plains School** | <input type="checkbox"/> Mitakuyé Owâs'â Centre | <input type="checkbox"/> Uplands Community Association** |
| <input type="checkbox"/> Connaught Community School | <input type="checkbox"/> Glencairn Neighbourhood Centre | <input type="checkbox"/> North West Leisure Centre | |
| <input type="checkbox"/> Douglas Park Elementary School** | <input type="checkbox"/> mâmawêyatitân centre | <input type="checkbox"/> Rosemont Community School | ** Drop-in Locations |

Parent/Caregiver Information

*Required

*Parent/Caregiver's Name (First & Last):

*Phone Number: Email:

Second Parent/Guardian's Name (First & Last):

Phone Number: Email:

*Emergency Contact (must be different from parent/caregiver):

*First & Last Name:

*Relationship to Participant: *Phone Number:

Important Information (dietary restrictions, allergies, asthma, medication, disability, pronouns, etc.):

*Does the participant require additional support(s)? ☐ Yes ☐ No

If yes, please explain:

Lunch Break and After Program Instructions

- ☐ Participant can walk home alone AT LUNCH with friend/sibling (identify below)
- ☐ Participant can walk home alone AFTER PROGRAM with friend/sibling (identify below)
- ☐ Participant will be picked up

If Participant can walk home with a friend or sibling at lunch or after program, please identify friend/sibling:

Is there anything else you want us to know about the participant that will help them have a good experience?

Parent/Guardian Signature (type name):

All personal information collected is handled and maintained in accordance with The Local Authority Freedom of Information and Protection of Privacy Act. For more information, visit Regina.ca/Privacy. Questions regarding protection of personal information may be directed to lafoip@regina.ca.

OFFICE USE ONLY

Date Received: _____ Location: _____

Staff Initials: _____

City of Regina: Image Release

By completing this release form, I hereby consent to authorize the use and reproduction by the City of Regina any video or multimedia likeness taken during the Free Children's Summer Program (including all photographs, pictures, video and audio recordings), for any purpose without further compensation or notice. All negatives and positives, together with the prints and other derivatives shall constitute the property, solely and completely, of the City of Regina. The City of Regina is able to share images with third party organizations at their discretion.

☐ **Yes** ☐ **No**

If yes, please complete the following:

Date (mm/dd/yy):

Name: (individual(s) being used in photography, video or audio recording):

If the individual being used in the photography, video, or audio recording is not 18 years of age or older, their guardian must complete the information below, providing their own contact information:

Print Name (First & Last):

Phone Number:

Email Address:

Signature (type name):

OFFICE USE ONLY

Name or location of photo/video shoot:: _____

Description of attire/clothing: _____