



PROGRAM REGISTRATION FORM

Program Information (PLEASE PRINT CLEARLY)

Select Session/Program	FALL	WINTER	SPRING	SUMMER	FCSS Program
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program Name	_____				
Program Start Date	_____	Weekday	_____	Start Time	_____

Participant Information (PLEASE PRINT CLEARLY)

First Name	_____	Last Name	_____
Home Phone	_____	Cell Phone	_____
Email	_____		
Address 1	_____		Lacombe County Resident? <input type="checkbox"/>
Address 2	_____		
Town/City	_____	Province	_____
		Postal Code	_____
Medical Conditions	_____		
Emergency Contact	_____		
Emergency Phone #	_____		

If under 18, please specify your:

Date of Birth (MM/DD/YY)	_____	The Town of Blackfalds requires this information to verify that your child's age corresponds with the age group of this program
Parent/Guardian Name	_____	

PLEASE TURN OVER... →

WAIVER/CONSENT FORM

I and said child do hereby agree that I and said child assume all risk of personal injury, death or property loss resulting from any cause whatsoever, including, but not limited to the inherent risk involved with the Town of Blackfalds Community Service Department programs, collision with natural or manmade objects or with other persons, or from the negligence, breach of contract, or breach of statutory duty of care on the part of the Town of Blackfalds, the Blackfalds & District Recreation, Culture and Parks Board, the Community Services Department Staff, their supervisors and instructors, directors, officers, employees, contractors, and agents (hereinafter collectively referred to as "the Town").

I and said child do agree that the Town shall not be liable for any personal injury, death, or property loss from any cause of nature whatsoever, including but not limited to, the negligence of the Town, and hereby release the Town, and waive any and all claims with respect thereto.

I and said child agree that any litigation involving injuries, death or property loss arising out of said child's participation in the Town programs shall be brought within the province of Alberta and that any and all rights, duties and obligations as between I and said child and the Town shall be governed by and interpreted in accordance with the laws of Alberta.

Program & Lesson Refund Policy

Withdrawals that are made more than 5 days from program or lesson start date are subject to a 25% withdrawal fee. This withdrawal fee will apply to each program or lesson withdrawal.

Participants will be given the option to leave a credit on their account, for up to 1 year, for future use or they may request a refund. All refunds will take 14 days to process. No refunds will be issued if withdrawal is within 5 days of the program or lesson start date. All refunds will be issued by cheque.

Withdrawals for medical reasons are permitted with no penalty prior to program start date. If the withdrawal is after the program start date, due to medical reasons, a prorated refund will be permitted and no withdrawal fee will be levied. In both cases, refunds or credits will only be issued once a doctor's note has been received by the Blackfalds Community Services Department.

Abbey Newsletter

Please let us know if you would like to receive our monthly electronic newsletter with all of Abbey's latest news, programs and specials.

Canada's new anti-spam law requires us to obtain express consent from the public before we can send any commercial electronic messages. By checking the "Yes" box, you agree to receive commercial content from us.

Yes No

Media Consent

I UNDERSTAND photographs and/or video and/or audio recordings of me may be circulated widely and that, if posted on the Town of Blackfalds and other websites, they will be available to the public.

I further understand that the Town of Blackfalds has no control over, and is not responsible for, the use or misuse of materials including my photograph and/or video and/or audio recordings of me.

FOR THE PURPOSE STATED ABOVE, I CONSENT to be photographed and/or to be video and/or audio recorded by the Town of Blackfalds or its authorized representatives.

I ALLOW the Town of Blackfalds and its representatives to use, reproduce, publish, transmit, distribute, broadcast and display any photograph and/or video and/or audio recording that contains my image and/or voice along with my name in any Town of Blackfalds publication, multimedia production, video, CD-ROM, DVD, display, advertisement and/or on the municipality's website or other social media web sites without further notice or my approval of finished photographs and/or video and/or audio recordings.

I can, at any time, opt out of this media consent by providing written notice to the Communications at the Town of Blackfalds.

Please indicate your choice:

Yes No

Participant Signature (If under 18 - Parent / Guardian Signature)

Date (MM/DD/YY)

Personal information collected on this form will be used to facilitate enrollment in programs offered by the Town of Blackfalds. This information is collected under the authority of Section 33(c) of the Freedom of Information and Protection of Privacy Act and will be protected under Part 2 of the Act. Questions regarding the collection and/or use of this information may be directed to the Records Management & FOIP Coordinator at foip@blackfalds.com or by phone at 403.885.6370.



BLACKFALDS
ALBERTA