

A l b e r t a  
**AdaptAbilities**  
A s s o c i a t i o n

## **ADAPTABILITIES**

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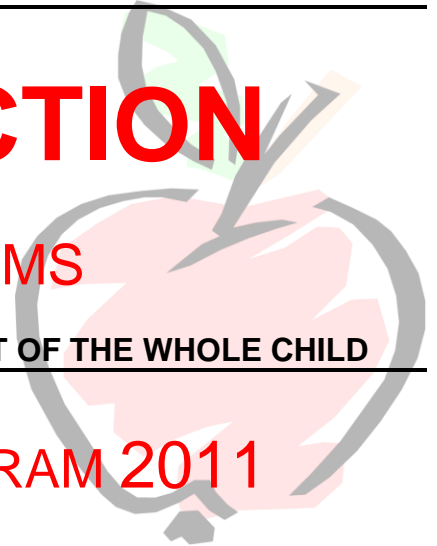
# **HEARTS IN ACTION**

## **REGISTRATION FORMS**

**PROGRAMMING THAT PROMOTES THE DEVELOPMENT OF THE WHOLE CHILD**

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**SUMMER DAY CAMP PROGRAM 2011**  
**JULY - AUGUST**



# Hearts In Action Program Registration Forms

July – August 2011

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Dear parent or guardian,

AdaptAbilities is excited to offer a variety of fun, exciting and quality goal-directed activities in our summer day camp. Whether you need respite, work related care or are looking for a program that offers consistent routines, skill building activities, and/or a place for children and adults to build friendships, AdaptAbilities offers all of this in a safe and supportive environment. Our programming is based on three major components; expressive arts, recreation and motor development, and essential life skills. We believe that every participant can succeed when they have an encouraging atmosphere where staff and programming support the goals and needs of each individual.

In your hands you hold the official registration package for our Hearts In Action summer camp. In order to ensure successful registration in our program, we suggest that you ***read all information thoroughly***. The camps fill up quickly and in order for the registration process to go as smoothly as possible, we ask that you fill out the registration form completely.

**Incomplete registration forms will NOT be accepted.**

- Any incomplete registration packages will be put onto a waiting list until such time as they are completed.
- Submission of a registration package does **NOT** guarantee acceptance.

**Deposit must be included with registration package in order to be considered registered.**

- A minimum fifty dollar (\$50.00) deposit is required to secure your spot
- One deposit is required for *each* week you wish your child/adult to attend
- *The deposit is non transferable and non refundable.*

There is a lot of information within this package and some of the forms appear complicated. We have done our best to simplify things so please feel free to call us if you require assistance at **780-431-8446**.

Once again we look forward to fostering success and creating meaningful memories for all participants this summer.

Sincerely,



Mahalia Coniah  
HIA Camp Coordinator

## **REGISTRATION SCENARIOS:**

**Scenario I:** Participants able to function in group setting

- Participants are cooperative,
- willing to engage in activities, and/or
- display minimal behaviours

**Scenario II:** Participants require more support in a group setting

- Participants are 6 & under, and/or
- display moderate behaviours and care needs

**Scenario III:** Participants require significant support in a group setting

- Participants require supervision and assistance with personal care,
- participation in planned activities, and/or;
- experience high emotional needs and behaviours.

**Scenario IV:** Participants requiring Work Related Care

- Work – related care as outlined by agency funding agreement

AdaptAbilities has the right to determine the scenario/ratio as part of the registration process.

## **APPLICANTS WHO MAY NOT BE SUITABLE**

Applicants who have the following characteristics are not suitable candidates.

### **Behaviour:**

1. Applicants who pose a threat to self and/or to others (physically or verbally aggressive).
2. Applicants who display a strong tendency towards the destruction of property.

We reserve the right to send home, suspend participants, and/or terminate services for participants who display any of these destructive behaviors.

### **Physical:**

1. Applicants who require more than a 1 person transfer
2. Applicants who require mechanical lifts or other mechanical devices
3. Applicants who require complex medical assistance.

## **BASIS FOR ACCEPTANCE**

Applicants will be accepted on the basis of:

1. Deposit paid in full (\$50.00 per week)
2. Completion of intake (including one- time \$50.00 Intake fee)  
**N.B. Only required if participant has never used AdaptAbilities services**
3. **Fully** completed application form
4. Suitability of prospective participant
5. Staff availability
6. Available spaces
7. Past camp attendance records

Applicants may be subjected to a waiting list if any of these criteria are not met.





# Funding Confirmation

Funding Agency: \_\_\_\_\_ ID No.: \_\_\_\_\_

Agency Worker: \_\_\_\_\_ Phone #: \_\_\_\_\_

## INTAKE

One time Intake Fee: \$50.00 (if applicable)

<u>Funding Agency</u>	<u>Parent</u>
\$ _____	\$ _____

## CAMP COSTS – JULY TO AUGUST:

*\*Please see Fees & Billing Pack for more info\**

### **I. Scenario 1 – Regular Weekly Rate**

• \$390/wk x \_\_\_\_\_ # of weeks \$ \_\_\_\_\_ \$ \_\_\_\_\_

### **II. Scenario 2 – More support or 6 and under**

• \$570/wk x \_\_\_\_\_ # of weeks \$ \_\_\_\_\_ \$ \_\_\_\_\_

### **III. Scenario 3 – Significant support required**

• Minimum \$660 /wk x \_\_\_\_\_ # of weeks \$ \_\_\_\_\_ \$ \_\_\_\_\_

### **IV. Scenario 4 – Work Related**

• Minimum (\$15.86) \$ \_\_\_\_\_/hour x \_\_\_\_\_ Hours \$ \_\_\_\_\_ \$ \_\_\_\_\_

• Program Fees \$ \_\_\_\_\_ \$ \_\_\_\_\_

## ADDITIONAL FEES:

### **I. Before and After Program Care**

• \$ \_\_\_\_\_/hr \_\_\_\_\_ total hrs x \_\_\_\_\_ # of days \$ \_\_\_\_\_ \$ \_\_\_\_\_

### **II. Transportation – Confirmation required by AdaptAbilities.**

• Starting at \$7.00/ one way \$ \_\_\_\_\_ \$ \_\_\_\_\_

## TOTAL FUNDS REQUIRED

**\$ \_\_\_\_\_ \$ \_\_\_\_\_**

**\*\*\*Please make cheques payable to AdaptAbilities\*\*\***

Note: \*\*Any funding agency shortfalls are the full responsibility of a parent/guardian.

\*\*All program fees are the responsibility of the parent/guardian.

A Parent/Guardian may direct Alberta AdaptAbilities Association to bill a third party on their behalf with the full understanding that the parent/guardian will honor payment for costs not paid for by the designated third party.

**Participant:** \_\_\_\_\_ **Parent's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Office Use Only:

Funding has been confirmed by:

Agency contract on file       Email       phone with follow up notes

Documentation is attached: \_\_\_\_\_

\_\_\_\_\_ **Date**

\_\_\_\_\_ **Staff Initials**





# Application – Page 2

## ADAPTIVE EQUIPMENT:

None                      Manual Wheelchair                      Electric Wheelchair                      Walker                      Crutches  
Glasses                      Helmet                      Other: \_\_\_\_\_

## TRANSFER ASSISTANCE:

None                      One Person (Partially Dependent)                      One Person (Fully Dependent)

*\* We cannot accommodate more than a one person transfer or a person in need of a mechanical lift*

## PERSONAL CARE:

Does the individual need assistance with any of the following?

Toileting                      Diapers                      Menstrual care                      Eating                      Drinking                      Dressing

If yes, please explain: \_\_\_\_\_

## COMMUNICATION:

Receptive/Age Appropriate: \_\_\_\_\_

Expressive/Age Appropriate: \_\_\_\_\_

## RECREATIONAL INTERESTS:

Participant enjoys: \_\_\_\_\_

Participant does NOT enjoy: \_\_\_\_\_

## SOCIAL INTERACTION:

Describe: \_\_\_\_\_

## SUPERVISION:

Does the individual require one to one supervision?                      Yes                      No

What level of supervision do they require?

Inside: \_\_\_\_\_                      Outside/Playground: \_\_\_\_\_

Swimming: \_\_\_\_\_                      Field Trips/Community: \_\_\_\_\_

Do they require a lifejacket while swimming?                      Yes                      No

Is your child/adult a flight risk?                      Yes                      No

## DAILY ROUTINE: (eg snacks, naps, scheduled programs)

Describe: \_\_\_\_\_

All the information provided on this form is complete to the best of my knowledge. I have not withheld any information that will affect the care of the individual.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

## PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

- |   |            |           |
|---|------------|-----------|
| 1. Has your doctor ever said that the child/adult has heart trouble?  | <b>YES</b> | <b>NO</b> |
| 2. Does he/she frequently suffer from pains in his/her heart or chest?  | <b>YES</b> | <b>NO</b> |
| 3. Does the individual often feel faint or have spells of dizziness?  | <b>YES</b> | <b>NO</b> |
| 4. Has your doctor ever said that the individual has high blood pressure?   | <b>YES</b> | <b>NO</b> |
| 5. Has your doctor ever told you that the participant has a bone or joint problem, such as arthritis, that has been or may be aggravated by exercise? | <b>YES</b> | <b>NO</b> |
| 6. Does the participant have any perceptual/learning/motor delays?<br>If so, please specify: _____<br>_____<br>_____                                  | <b>YES</b> | <b>NO</b> |
| 7. Is there a good physical reason not already mentioned here why they should be excluded from any physical activity?<br>_____<br>_____               | <b>YES</b> | <b>NO</b> |
| 8. Does the individual have any allergies? If so, please specify.<br>_____<br>_____   | <b>YES</b> | <b>NO</b> |
| 9. Is the individual currently taking any medication? If so please list along with any potential side effects: _____<br>_____<br>_____                | <b>YES</b> | <b>NO</b> |

Parent's Name: \_\_\_\_\_

Participant's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_

# Proactive Measures

**Participant's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **BEHAVIOUR:**

Does the individual display any of the following behaviours?

**None      Swearing      Hitting      Biting      Kicking      Refusal      Hair pulling**

Notes: \_\_\_\_\_

Are there certain noises or actions that irritate them?

Are there specific actions we should recognize to show us the individual is upset?

**None      Crying      Withdrawal      Refusal      Yelling      Pouting**  
**Swearing      Screaming      Self harm      Aggression      Faking injury or illness**

Notes: \_\_\_\_\_

Does the individual ever display outbursts of negative behavior? **Yes      No**

If yes, please explain and list warning signs prior to their outbursts?

How do you suggest we handle the above behaviors?

**Time out      Removal      Verbal reminder      Counting      Redirection      Quiet time**

Please explain further: \_\_\_\_\_

What forms of intervention work for them?

Are there any other issues you believe we should be aware of?

**Participant's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

In order to help us plan and ensure that everyone experiences success in the program, we would appreciate some information regarding his/her strengths. Please list the strengths of the individual in the following areas; social, communication, gross/fine motor skills, etc.

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AdaptAbilities focuses on "Creating Success – For Life" and integrates three components into our day: Essential Life skills, Expressive Arts, and Recreation and Motor Development. Choose three goals from each component, numbering 1, 2, and 3 - #1 being your highest priority.

## **GOALS:**

### **1. Essential Life Skills** – Skills used in everyday social activities such as:

- |  |   |
|--|---|
| <input type="checkbox"/> Focus on task           | <input type="checkbox"/> Making choices                       |
| <input type="checkbox"/> Increase attention span | <input type="checkbox"/> Respecting space and boundaries      |
| <input type="checkbox"/> Improve communication   | <input type="checkbox"/> Borrowing verses taking              |
| <input type="checkbox"/> Manners                 | <input type="checkbox"/> Taking turns and sharing             |
| <input type="checkbox"/> Problem solving         | <input type="checkbox"/> Proper food choices – healthy snacks |
| <input type="checkbox"/> Anger management        | <input type="checkbox"/> Telling time                         |
| <input type="checkbox"/> Following instructions  | <input type="checkbox"/> Money                                |
| <input type="checkbox"/> Habits of hygiene       | <input type="checkbox"/> Counting                             |
| <input type="checkbox"/> Adapting to change      | <input type="checkbox"/> Increasing independence ie dressing  |

Other: \_\_\_\_\_

### **2. Expressive Arts** – Activities that encourage expression and creativity, such as:

- |  |  |
|--|--|
| <input type="checkbox"/> Drawing               | <input type="checkbox"/> Drama and theatre sports                |
| <input type="checkbox"/> Painting              | <input type="checkbox"/> Increased interest in various art forms |
| <input type="checkbox"/> Building and creating | <input type="checkbox"/> Express feelings through art            |
| <input type="checkbox"/> Singing and/or music  | <input type="checkbox"/> Increase communication through art      |

Other: \_\_\_\_\_

### **3. Recreation & Motor Development** – Leisure activities & fine/gross motor skills such as:

- |   |   |
|---|---|
| <input type="checkbox"/> Running and/or jumping   | <input type="checkbox"/> Playground skills                    |
| <input type="checkbox"/> Throwing and/or catching | <input type="checkbox"/> Playing games with others            |
| <input type="checkbox"/> Swimming and/or bowling  | <input type="checkbox"/> Interest in active living activities |
| <input type="checkbox"/> Climbing and/or swinging | <input type="checkbox"/> Sensory activities (specify) _____   |
| <input type="checkbox"/> Improved coordination    | <input type="checkbox"/> printing                             |
| <input type="checkbox"/> Improved balance         | <input type="checkbox"/> colouring within the lines           |

Other: \_\_\_\_\_

**If you have any questions or need some suggestions, feel free to contact us at (780) 431-8446.**

## **MEDICAL INFORMATION:**

Alberta Health Care #: \_\_\_\_\_

Do you have health insurance (e.g. Blue Cross) **Yes** **No**

In the case of an emergency, we will be calling an ambulance.

*N.B. family is responsible for the full cost of the ambulance, if it not covered by insurance*

## **PHYSICIAN(S):**

1) Name: \_\_\_\_\_ Address \_\_\_\_\_ Ph # \_\_\_\_\_

2) Name: \_\_\_\_\_ Address \_\_\_\_\_ Ph # \_\_\_\_\_

Hospital preferred: \_\_\_\_\_ Ph #: \_\_\_\_\_

Does the participant have any of the following medical conditions:

**Allergies:** \_\_\_\_\_

Reaction: \_\_\_\_\_

Recommended treatment for reactions: \_\_\_\_\_

**Drug allergies:** \_\_\_\_\_

Reaction: \_\_\_\_\_

Treatment: \_\_\_\_\_

**Seizures:** **Yes** **No**

Type: \_\_\_\_\_ Frequency: \_\_\_\_\_

Duration: \_\_\_\_\_ Date of last seizure: \_\_\_\_\_

Reaction: Before: \_\_\_\_\_ During: \_\_\_\_\_

After: \_\_\_\_\_

**Diabetes:** **Yes** **No**

Is the participant on insulin? **Yes** **No**

How often does he/she need to check their blood sugar levels? \_\_\_\_\_

Does he/she need assistance? **Yes** **No**

Notes: \_\_\_\_\_

**Communicable Disease(s)?** **Yes** **No**

If yes, what is the diagnosis?: \_\_\_\_\_

## SPECIAL DIETARY NEEDS:

Does the individual have a G-tube?      **Yes**    **No**

If Yes G-Tube Care Sheet is required to be completed (request form from office).

Food preparations:

**None**                      **Soft**                      **Diced**                      **Pureed**                      **Thickened liquids**

Notes: \_\_\_\_\_  
\_\_\_\_\_

May **NOT** consume the following:

**Dairy**            **Sugar**            **Gluten**            **Eggs**            **Nuts**            **Other:** \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_

## FREQUENT HEALTH PROBLEMS:

Is the participant prone to any of the following?

**Fainting**    **Asthma**    **Respiratory problems**    **Heart problems**    **Dizziness**    **Infections**  
**Headaches**    **Migraines**    **Low blood pressure**    **Faking illness**    **High blood pressure**

Please Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the participant **unable** to participate in any physical activities for any reason?

\_\_\_\_\_  
\_\_\_\_\_

What intensity of physical activity is reasonable for them?

**Light**            **Moderate**            **Heavy**

Are there any other health concerns that you would like us to be aware of?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# Medication Release

Name of Individual *Receiving* Medication: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Type of Medication\*:

**Prescription (only those to be administered at AdaptAbilities)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_



**Non Prescription (only those to be administered at AdaptAbilities)**

1. \_\_\_\_\_
2. \_\_\_\_\_

**Instructions for the Administration of Medication:**

**Prescription (only those to be administered at AdaptAbilities)**

1. Time: \_\_\_\_\_ Dosage: \_\_\_\_\_  
Instructions: \_\_\_\_\_
2. Time: \_\_\_\_\_ Dosage: \_\_\_\_\_  
Instructions: \_\_\_\_\_
3. Time: \_\_\_\_\_ Dosage: \_\_\_\_\_  
Instructions: \_\_\_\_\_

**Non Prescription (only those to be administered at AdaptAbilities)**

1. Time: \_\_\_\_\_ Dosage: \_\_\_\_\_  
Instructions: \_\_\_\_\_
2. Time: \_\_\_\_\_ Dosage: \_\_\_\_\_  
Instructions: \_\_\_\_\_

**Instructions for Returning Medication(s):**

Medication(s) should be returned **Daily** **Weekly** **To be refilled**

**Side Effects:**

Are there any side effects that we should be aware of? \_\_\_\_\_

\*Medication includes prescription medications, over-the-counter medications, and herbal remedies.

SIGNED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_, Edmonton, Alberta.

\_\_\_\_\_  
Parent/Guardian (print please)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
AdaptAbilities' Coordinator

\_\_\_\_\_  
Signature of Coordinator



# Assumption of Risk

Alberta AdaptAbilities Association strives to provide awareness of risks associated with each of the programs/activities it offers.

As a parent/guardian, I \_\_\_\_\_ understand that there are risks/dangers, which are inherent to each specific activity provided by Alberta AdaptAbilities Association for \_\_\_\_\_ (Participant's Name) These risks include, but are not limited to, the loss of personal property, the possibility of physical injury to them and other participants, such as muscle strain, broken bones, concussion, soft tissue damage, infectious disease, etc., including the possible risk of severe or fatal injury.

As a parent/guardian I understand it is my responsibility to ascertain if there are any health conditions which make it inadvisable for participation in an Alberta AdaptAbilities Association program. I also understand that I am responsible for any medical treatment or costs, which may incur because of their participation.

I, the parent/guardian remise, release and forever discharge Alberta AdaptAbilities Association, its heirs, successors, executives, administrators, directors, officers, employees, insurers, agents and assigns of and from any and all manner of actions, causes of action, suits, debts, costs, claims, damages whatsoever arising out of or in consequence of any loss, injury or damage of any kind sustained by participants in an Alberta AdaptAbilities Association program, unless such injury was caused solely by the negligence of Alberta AdaptAbilities Association staff. In the event of an accident, I give permission for qualified Alberta AdaptAbilities Association staff to administer first aid and/or CPR, and/or take them to a physician.

I understand that I will be responsible for the cost, in full, of any transportation, to and from the hospital or location of treatment, including but not limited to ambulance transportation.

**I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THIS AGREEMENT**, that I understand, appreciate and accept the risks associated with their participation in an Alberta AdaptAbilities Association program. As the parent/guardian for the participant, I consent for them to participate in Alberta AdaptAbilities Association programs, from **July 4, 2011 – August 31, 2011**.

SIGNED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_\_, Edmonton, Alberta.

\_\_\_\_\_  
Parent/Guardian (print please)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
AdaptAbilities' Coordinator

\_\_\_\_\_  
Signature of Coordinator



# Photo Disclosure

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Parents/Guardians,

RE: Pictures – Alberta AdaptAbilities Association

AdaptAbilities continues to be a leader in special needs programming within the City of Edmonton and we strive to provide quality service to our clients.

To keep the legacy of our programming alive and to market our programs further, we would like to promote our program to prospective and current participants by displaying our participants involved in activities planned by Alberta AdaptAbilities Association.

Please check the appropriate boxes for photo disclosure of pictures taken from **July 4, 2011– August 31, 2011.**

**Participant's Name:** \_\_\_\_\_

- Yes**, pictures can be used externally at the discretion of AdaptAbilities, ie. advertising purposes.
- Yes**, pictures can be taken of the participant and can only be used internally, ie. within our program.
- No**, I would not like pictures taken of the participant. However, I understand that pictures may be taken within Alberta AdaptAbilities Association programs and there may be a possibility that they will be situated within some photos. AdaptAbilities will not use their photo in any manner if this were to occur.

SIGNED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_, Edmonton, Alberta.

\_\_\_\_\_  
Parent/Guardian (print please)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
AdaptAbilities' Coordinator

\_\_\_\_\_  
Signature of Coordinator

Parent/Guardian

RE: Field Trips

Alberta AdaptAbilities Association wants to ensure a well-rounded experience for all participants and our aim is to provide programs that focus on the *development of the whole individual physically, socially, mentally, and emotionally within a safe and caring environment.*

To achieve the development of the whole child/adult, Alberta AdaptAbilities Association and its programs utilizes as many resources within our community as possible to provide them with the best experience; thus, programs may include field trips. Transportation for all field trips may be accessed through the use of the Edmonton Transit System (ETS), a chartered bus company, a City of Edmonton Cab company, and/or the personal vehicle of an AdaptAbilities' employee. Walking field trips may also occur.

As such, with your signing and returning of this letter, you give permission for them to attend all Alberta AdaptAbilities Association outings regardless of the mode of transportation.

Parents/guardians must be able to be reached and available to pick up the participant immediately at anytime during an AdaptAbilities' program due to emergency situations, sickness, or behaviours.

By signing this form you are stating that you understand and accept the risks as outlined in the **Assumption of Risk** form previously completed. Alberta AdaptAbilities Association, its programs and its employees make every effort to ensure everyone's safety while they attend any program held by Alberta AdaptAbilities Association. Trips are an opportunity to reinforce learning and experiences undertaken while the individual has been involved in our program.

I, \_\_\_\_\_ hereby give permission to AdaptAbilities to take the participant on all outings planned by Alberta AdaptAbilities Association from **July 4, 2011 – August 31, 2011.**

Parent/Guardian: \_\_\_\_\_  
Please print

Participant's Name: \_\_\_\_\_  
Please Print

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# Sunscreen and Bug Spray Waiver

Staff may apply sunscreen

Participant's Name: \_\_\_\_\_

Staff may apply bug spray

Application Notes: \_\_\_\_\_

I, \_\_\_\_\_ do release all employees of AdaptAbilities to apply and/or assist in applying bug spray and sunscreen, whenever necessary, to the participant, at Hearts In Action Summer Camp between **July 4, 2011 and August 31, 2011.**

I, the parent/guardian remise, release and forever discharge Alberta AdaptAbilities Association, its heirs, successors, executives, administrators, directors, officers, employees, insurers, agents and assigns of and from any and all manner of actions, causes of action, suits, debts, costs, claims, damages whatsoever arising out of or in consequence of any loss, injury or damage of any kind sustained by a child/adult due to the application of sunscreen or bug spray by Alberta AdaptAbilities Association or an employee of Alberta AdaptAbilities Association, unless such injury was caused solely by the negligence of Alberta AdaptAbilities Association or staff. In the event of an accident or allergic reaction, I give permission for qualified Alberta AdaptAbilities Association staff to administer first aid and/or CPR, and/or take the participant to a physician.

**I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THIS AGREEMENT**, that I understand, appreciate, and accept the risks associated with the application of sunscreen and/or bug spray to them by Alberta AdaptAbilities Association or an employee.

SIGNED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_\_, Edmonton, Alberta.

\_\_\_\_\_  
Parent/Guardian (print please)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
AdaptAbilities' Coordinator

\_\_\_\_\_  
Signature of Coordinator

# Pick Up Release

Participant's Name: \_\_\_\_\_

I, \_\_\_\_\_, do release the participant, to the below mentioned person(s) upon pick up.

#	Name in Full	Day/Dates	Notes
1			
2			
3			

I, the parent/guardian remise, release and forever discharge Alberta AdaptAbilities Association, its heirs, successors, executives, administrators, directors, officers, employees, insurers, agents and assigns of and from any and all manner of actions, causes of action, suits, debts, costs, claims, damages whatsoever arising out of or in consequence of any loss, injury or damage of any kind sustained by child/adult released, by Alberta AdaptAbilities Association or an employee of Alberta AdaptAbilities Association, into the care of the above mentioned person(s), unless such injury was caused solely by the negligence of Alberta AdaptAbilities Association or staff.

**I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THIS AGREEMENT,** that I understand, appreciate, and accept the risks associated with releasing the participant, into the care of the above mentioned people.

SIGNED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_, Edmonton, Alberta.

\_\_\_\_\_  
Parent/Guardian (print please)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
AdaptAbilities' Coordinator

\_\_\_\_\_  
Signature of Coordinator