

# PROGRAM REGISTRATION FORM



#100 - 333 Shawville Blvd SE **PHONE** 403.201.8652 **FAX** 403.201.8657 **CardelRec.com**

Please ensure your registration form is completed and signed. Payment **MUST** be made at the time of registration. Registrations are accepted on a first come, first served basis. Multiple program and/or multiple family member registrations will receive a 10% discount! Registration deadline is one (1) week prior to course start date. South Fish Creek Recreation Association (SFCRA) is a not for profit, charitable organization that manages and operates Cardel Rec South.

PROGRAM NAME	COURSE CODE	COURSE SESSION	COURSE COST MEMBER OR NON-MEMBER
<b>HOW DO YOU KNOW IF YOU ARE A MEMBER OR A NON-MEMBER?</b> Member Rates apply to the Community Members. For a complete list of member communities, refer to our website.			TOTAL COST TO BE COMPLETED BY CARDEL REC SOUTH

NAME OF PARTICIPANT: \_\_\_\_\_

NAME OF PARENT/GUARDIAN (if under 18 yrs): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/TOWN: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PHONE NUMBER: (H) \_\_\_\_\_ (B) \_\_\_\_\_ (C) \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_

EMERGENCY CONTACT #: \_\_\_\_\_

ALBERTA HEALTH CARE #: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

ANY MEDICAL CONDITIONS OR BEHAVIORS WE SHOULD BE AWARE OF: \_\_\_\_\_

**PAYMENT OPTIONS**

In person  (Visa, Mastercard, Debit, Cash or Cheque)  **By Phone** (Visa or Mastercard) PHONE# \_\_\_\_\_

*For your protection, SFCRA asks that you NOT include credit card information on registration forms or in emails. IMPORTANT: Make CHEQUES payable to South Fish Creek Recreation Association (SFCRA). REGISTRATION WILL NOT BE COMPLETE WITHOUT PAYMENT.*

Cardel Rec South values your privacy and only uses email addresses to contact our clients regarding their accounts (ie: to send receipts, contracts and/or notifications). If you do not wish to receive emails from Cardel Rec South, please opt out by checking here.

**TO ENSURE THE HEALTH AND SAFETY OF ALL PARTICIPANTS, CARDEL REC SOUTH HAS THE FOLLOWING STANDARDS IN PLACE:**

- Participants should come to their program dressed appropriately for that class.
- To protect those participants with allergies, NO NUT products are allowed in our classes.
- Participants in our art programs are encouraged to bring a smock or old shirt to wear while doing painting projects.
- Cardel Rec South is not responsible for any items including clothing or money in the event that they go missing. Please refrain from bringing any valuables, such as electronics, to any program with you.
- Lower ratios are in place for Preschool programs. All participants in un-parented programs MUST be fully toilet trained.

**CHILD PICK-UP INFORMATION**

To ensure your child's safety, children need to be signed in and out of Cardel Rec South Programs before and after each class. Please indicate which option best suits your family:

- My child is ONLY allowed to leave with the parent or guardian indicated.

Name(s) and phone number: \_\_\_\_\_

- Other family members or friends that are indicated below, are authorized to pick-up my child.

Name(s) and phone number: \_\_\_\_\_

- My child is allowed to sign him/herself out (must be at least 9 years old). Once a child is signed out, we "release care" of your child and are no longer responsible for their welfare. We suggest that you and your child choose a meeting location that is familiar to both you and your child.

- Is there anyone who is legally NOT authorized to pick up your child?

If yes, please provide names and details: \_\_\_\_\_

**PARTICIPATION WAIVER:**

Every reasonable precaution has been taken to ensure the safety of the event and the participants. I, on behalf of myself, my child, my heirs, successors and assigns, assume all risks and hazards incidental to the conduct of the activity, also transportation to and from the activity, and any medical costs that may arise with respect to my participation. I do further hereby release, indemnify and hold blameless Cardel Rec South and SFCRA, the employees, sponsors, instructors and supervisors of the Association(s).

**1** From time to time we will take photos of program participants for marketing purposes. If you **DO NOT** wish to have your photo or that of your child's published please indicate by checking the following box otherwise, we will assume consent.

- NO, I DO NOT GIVE PERMISSION.**

**2** We reserve the right to cancel these programs and issue a full refund if there is insufficient registration by the registration deadline.

Registration forms will be accepted on a first come first served basis. You will be contacted if your first session choice is unavailable.

**REFUND POLICY**

Refunds requested up to 1 week prior to the start of program will receive a full refund. For cancellations within 7 days of the program start date OR if the program has started, **refunds will only be issued for medical reasons**, and will require a doctor's note before the refund is processed. The refund amount will be pro-rated based upon the number of classes remaining in the program. **All refunds requested after the registration deadline, regardless of reason, are subject to a \$10.00 administration fee.**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

I understand and agree to abide by the above rules. If I do not abide by the rules, I understand that I may be removed from the program without a full refund.