Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MCP #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade just Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parents/ Guardians: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE INDICATE WHO THE PRIMARY CONTACT IS IN THE CASE OF AN EMERGENCY**:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Does your child have any health issues or concerns we should be aware of**: YES NO

If yes, please describe what the concern(s) is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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**IMPORTANT INFORMATION REGARDING CARA SUMMER RECREATION PROGRAM 2017:**

Please note the Summer Program has changed significantly from the previous years and will not be following the day camp format. This year’s summer program is focused on Healthy, Active Living and will follow a similar format that was used in 2016. Children have the option to register for the entire 6-week program, which will provide quality programming Monday to Friday from 9:00am-12Noon and 1:00pm-4:00pm, or choose which activities they would like to participate in. Activities will begin on Monday, July 10th and end on Friday, August 18th 2017. **Supervision for your child will be during the scheduled time of the activity he/she is participating in. There will be no supervision provided during the lunch break between 12Noon to 1:00pm.** Children are encouraged to bring along a bottle of water to each activity.

**Activities, Ages, & Location**

Fun Movement (Children born 2004-2011) – Clarenville Middle School

Tennis (Children born 2004-2011) – Legion Playground Tennis Courts

Run, Throw, Jump, Wheel Program ((Children born 2004-2011) – Soccer Pitch

Badminton (Children born 2004-2007) – Clarenville Middle School

Arts & Crafts (Children born 2006-2011) –Clarenville Middle School

Music (Children born 2008-2011) – Clarenville Middle School Music Room

Volleyball (Children born 2004-2007) – Clarenville Middle School

Ball Hockey Mixed League (Children born 2004-2010) – Clarenville Middle School and Clarenville High School

Basketball (Children born 2004-2009) – Clarenville Middle School

Outdoor Adventures – (Children born 2004-2011) – Various Nature Trails in Clarenville

**Registration**

Full Six Week Program: $200 + HST per child. $90 per each additional child in the same family.

Individual Activities: $25 + HST per activity

**Participation Permission**

I hereby agree to allow my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate in the C.A.R.A. Summer Recreation Program 2017. I acknowledge that my child is healthy and well enough to participate in this program.

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

**Wavier Form**

I, the undersigned, parent/legal guardian of the above named child do hereby give permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate in the 2017 CARA Summer Recreation Program sponsored. I acknowledge and agree that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ may use any facilities when permitted at his / her own risk and shall not cause or permit court or other legal proceedings on behalf of myself or my child to be brought against the Association members of employees

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

**Media Release Form**

I hereby authorize any images or video footage taken of my youth (under 18 years of age), in whole or in part, individually or in conjunction with other images and video footage, to be displayed on the Clarenville Area Recreation Association Facebook page or other social media platforms in conjunction with this organization. I also authorize the display and use of any media material created by my youth within the (institution name).

I waive rights to privacy and compensation, which I may have in connection with such use of my youth’s name and likeness, including rights to be written copy that may be created in connection with video production, editing and promotion therewith.

I am over 19 years-of-age and the parent or legal guardian of the youth, and I have read this waiver and am familiar with its content.

Parent / Guardian Name (Please Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Youth’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

PLEASE NOTE: C.A.R.A. reserves the right, if required, to cancel or alter any program time, cost, or location as outlined in this application or accompanying brochure without notice due to insufficient registration or attendance, change in policy, or availability of instructors. All schedules and venues as outlines in this application are tentative

**Additional Event Permission Forms**

**Permission for emergency Transport**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Parent/Guardian) give the Summer Recreation leaders and Coordinators of the C.A.R.A. Summer Program the permission to contact any or all emergency transportation services to secure emergency care for my child

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

**Please Indicate if you would like to register for our Full Six Week Program or Individual Activities:**

Full Six Week Program

* (Includes all activities)

Arts & Crafts:

* K to 2
* Grades 3-6

Ball Hockey League:

* K to 2
* Grades 3-6

Badminton:

* K to 2
* Grades 3-6

Music:

* K to 2
* Grades 3-6

Basketball:

* K to 2
* Grades 3-6

Fun Movement:

* K to 2
* Grades 3-6

Tennis:

* K to 2
* Grades 3-6

Volleyball:

* K to 2
* Grades 3-6

Run, Throw, Jump, Wheel:

* K to 2
* Grades 3-6

Outdoor Adventure:

* K to 2
* Grades 3-6

**TOTAL # ACTIVITIES: \_\_\_\_\_\_\_\_ x $25+HST = $\_\_\_\_\_\_\_\_\_\_\_ (Maximum $200+HST)**

**FAMILY DISCOUNT APPLY? YES NO**

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