

Victoria Park Summer Program Registration Form

| Program run times: Kids program Please inquiry at registration as to start and finish dates Times: 9 am to 4 pm (supervised lunch) | | | | |
|--|--|---|--|--|
| Participants Name: | | Phone #: | | |
| Birth Date: | Age: | ☐ Male ☐ Female M | CP #: | |
| Address: | | | Postal Code: | |
| Emergency Contact: | | Phone #: | Email | |
| Can your Child Swim? | res No Comments: | | | |
| Medical Information: (Allerg asthma; disabilities; behavio issues; medications; fears; et | our | | | |
| The FOVP Summer Program | often requires permission fo | r certain activities please revie | w the following list and i | ndicate your preference: |
| 1. For Centre, Salmoniar Nature Pa | | eld trips (including swimming) ne use of both private and pub | | Yes No |
| 2. For | to participate in water acti | vities and swimming at Bowrir | ng and Bannerman Park | ☐ Yes ☐ No |
| 3. For only? (i.e. local paper, associa | picture / image via digital o ation website , brochures etc | or video to be used for public :) | relations purposes | Yes No |
| If no, please comment: | | | | |
| Other comments or issues we should be aware of: | | | | |
| Parent / Guardian Signature: Date: | | Date: | | |
| experience we can offer. We as we would greatly appreciate it | sk that if you can make a donat t and it will go directly towards t | anization that works to ensure to ion to support the continuation of the operation of the FOVP Summ vided. "Your support is what kee | of this program in addition er Program. Fees provided | to your registration fee I are eligible under the |
| Office Use Only Date Rec | ceived: Au | uthorized Signature: | | |
| Notes: | | | | |