TOWN OF BLACKFALDS | Registered Programs
ABBEY CENTRE | PO Box 220 | 4500 Womacks Rd
Blackfalds, AB | T0M 0J0

BLACKFALDS ALBERTA

PROGRAM REGISTRATION FORM

PROGRAM INFORMATION (PLEASE PRINT CLEARLY)

Select Session/ Program	FALL	WINTER	SPRING	SUMMER	FCSS Program
	☐	☐	☐	☐	☒

Program Name: **Youth Night Out - June 2023**

Program Start Date: **June 16, 2023** Week Day: **Friday** Start Time: **6:00pm**

PARTICIPANT INFORMATION (PLEASE PRINT CLEARLY)

First Name _____ Last Name _____

Home Phone _____ Cell Phone _____

Email _____ Date of Birth (MM/DD/YY) _____

Address 1 _____ Lacombe County Resident? ☐

Address 2 _____

Town/City _____ Province _____ Postal Code _____

Medical Conditions _____

Emergency Contact _____

Emergency Phone # _____

IF UNDER 18, PLEASE COMPLETE

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 _____

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TOWN OF BLACKFALDS | COMMUNITY SERVICES | Programs
ABBEY CENTRE | PO Box 220 | 4500 Womacks Rd
Blackfalds, AB | T0M 0J0

WAIVER/CONSENT FORM

I and said child (if applicable) 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, Town of Blackfalds, the Blackfalds & District Recreation, Culture and Parks Board, the Community Services Department Staff, their supervisors, directors, officers, coordinators, managers, 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 (Parent / Guardian Signature if under 18)

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.ca or by phone at 403.885.6370.

BLACKFALDS
ALBERTA