

**Town of Pilot Butte**  
**Summer Fun Registration Form**  
**\*One form per Family**

\*\* Payment is due once registration is confirmed

E-Transfer ([pbetransfer@sasktel.net](mailto:pbetransfer@sasktel.net)), please include your name and the program name in the message field), Debit, Cash, Cheque (Town of Pilot Butte) or OptionPay (Credit Card payment system).

**If you have any questions about Summer Fun or the registration process, please contact Mathew Rathwell (Recreation Program Coordinator) by emailing [programs@pilotbutte.ca](mailto:programs@pilotbutte.ca) or calling 306-781-6253.**

Please check mark which camp week(s) your child will be attending. **There are no individual days available, parents must register for the full week:**

<input type="checkbox"/> Week One	July 10 <sup>th</sup> – 14 <sup>th</sup>	\$80 per child	9:00 am – 4:00 pm
<input type="checkbox"/> Week Two	July 17 <sup>th</sup> – 21 <sup>st</sup>	\$80 per child	9:00 am – 4:00 pm
<input type="checkbox"/> Week Three	July 24 <sup>th</sup> – 28 <sup>th</sup>	\$80 per child	9:00 am – 4:00 pm
<input type="checkbox"/> Week Four	August 14 <sup>th</sup> – 18 <sup>th</sup>	\$80 per child	9:00 am – 4:00 pm
<input type="checkbox"/> Week Five	August 21 <sup>st</sup> – 25 <sup>th</sup>	\$80 per child	9:00 am – 4:00 pm

**Late Pick Up**

\*Early Drop Off is 7:30 am to 8:55 am, Late Pick Up is 4:00 pm to 5:00 pm

**There are no individual days available, parents must register for the full week.**

<input type="checkbox"/> Week One	July 10 <sup>th</sup> – 14 <sup>th</sup>	\$35 per child	<input type="checkbox"/> Early Drop Off	<input type="checkbox"/> Late Pick Up
<input type="checkbox"/> Week Two	July 17 <sup>th</sup> – 21 <sup>st</sup>	\$35 per child	<input type="checkbox"/> Early Drop Off	<input type="checkbox"/> Late Pick Up
<input type="checkbox"/> Week Three	July 24 <sup>th</sup> – 28 <sup>th</sup>	\$35 per child	<input type="checkbox"/> Early Drop Off	<input type="checkbox"/> Late Pick Up
<input type="checkbox"/> Week Four	August 14 <sup>th</sup> – 18 <sup>th</sup>	\$35 per child	<input type="checkbox"/> Early Drop Off	<input type="checkbox"/> Late Pick Up
<input type="checkbox"/> Week Five	August 21 <sup>st</sup> – 25 <sup>th</sup>	\$35 per child	<input type="checkbox"/> Early Drop Off	<input type="checkbox"/> Late Pick Up

**There are 25 spots available each week and are on a first registered, first served basis.**

<b>Camp Fees</b>	
<b>Late Pick Up Fees</b>	
<b>Number of Children</b>	
<b>Total Amount</b>	

**For Office Use Only**

☐ Cash      ☐ Debit      ☐ Cheque      ☐ E-Transfer      ☐ OptionPay

Receipt #: \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_

Date Received: \_\_\_\_\_ Time Received: \_\_\_\_\_

This information is used to determine registration order

**Child Information**

Child's First Name	Child's Last Name	Child's Middle Initial	Age	Date of Birth (MM-DD-YYYY)

**Address Information**

<b>Physical Address (Street Number and Street Name)</b>		Suite/Unit Number
Mailing Address (If different from Physical Address)		Pilot Butte Resident- YES <input type="checkbox"/> NO <input type="checkbox"/> Rural Resident- YES <input type="checkbox"/> NO <input type="checkbox"/>
City/Town	Province	Postal Code

**Parent/Guardian 1 Information**

First Name	Last Name	Relationship:
Home Phone Number:	Cell Phone Number:	Work Phone Number:
Email Address:		
Can we use this information for Synrevoice?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Which phone number can we use? Home <input type="checkbox"/> Cell <input type="checkbox"/>

\*Email is used only for general camp information and updates

**Parent/Guardian 2 Information**

First Name	Last Name	Relationship:
Home Phone Number:	Cell Phone Number:	Work Phone Number:
Email Address:		
Can we use this information for Synrevoice?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Which phone number can we use? Home <input type="checkbox"/> Cell <input type="checkbox"/>

\*Email is used only for general camp information and updates

**Emergency Contact** (Will try to contact you first, then try this contact)

Name:
Relationship:
Phone Number:

**Please provide a list of people who are allowed to pick up your child.**

Name:	Relationship:	Phone Number:
Name:	Relationship:	Phone Number:
Name:	Relationship:	Phone Number:
Name:	Relationship:	Phone Number:

Is your child allowed to walk home if a parent/sibling/guardian does not pick up? YES ☐ NO ☐

**Medical Information**

Does the participant have any allergies or medical information we should be aware of? Is there any other information you would like us to know about your child? Please list each child as needed.	YES <input type="checkbox"/> NO <input type="checkbox"/>
Does the participant require medication to be administered while at program?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Does the participant require an auto-injector (e.g. epinephrine)?	YES <input type="checkbox"/> NO <input type="checkbox"/>

\*If you answered yes to any of these, please talk with the Recreation Program Coordinator. Contact by phone 306-781-6253, email at [programs@pilotbutte.ca](mailto:programs@pilotbutte.ca), or in person so we can plan for your child

**\*\*Would you like to be added to a waitlist if a spot is not immediately available? YES ☐ NO ☐**

\*There is no fee to be added to the waitlist. If a spot becomes available you will have 24 hours to respond before we move down the list.

Waitlist: Date Received (MM-DD-YYYY): _____ (Office Use Only)
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### **INFORMED CONSENT FORM**

As a condition of registration, the PARTICIPANT or PARENT/GUARDIAN agrees to be solely responsible for any personal property lost or injury sustained. The participant or parent/guardian understands and accepts the inherent physical risks of involvement or participation in any sport or recreational activity.

If the participant becomes injured while participating in any sport or recreational activity, permission is given to the Program Supervisors to provide emergency medical treatment.

I acknowledge that it is the responsibility of the parent/guardian or participant to disclose any necessary medical information that they feel the Program Supervisors should be aware of. There is space to provide information to the Recreation Program Coordinator in regards to this above.

By enrolling in this program, participants/parents/guardians, consent to the collection, use and disclosure of personal information in accordance with the Saskatchewan Freedom of Information and Protection of Privacy Act (FOIPOP).

#### **Photo Release**

☐ By checking this box, I hereby grant permission for my child, named above, to be photographed during the program for memorabilia and/or promotional material. I further acknowledge that the Town of Pilot Butte are the owners of all publication materials, and that photos may be used in any exhibitions, public displays, publications, commercial art, and advertising purposes including television without limit or reservation.

#### **Participant Expectations**

I hereby acknowledge that my child will be expected to participate in the program according to the guidelines and expectations set forth by the Town of Pilot Butte. In the event that a participant chooses not to abide by the guidelines and expectations, they may be asked to leave the program.

I have read and understood the terms of this agreement and by signing I am voluntarily agreeing to abide by these terms.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_