



ROCKY RIDGE RANCH

Youth Program Registration & Waiver

Program: _____ Fee: \$ _____ Start Date / Session: _____

Payment:

Cheque
Visa

MC
Debit

Name of Participant: _____

Name of Guardian: _____

Family Membership #: _____

Address: _____

Phone: _____

Email: _____

Date of Birth/ Age: _____

AHC#: _____

Emergency Contact:
(Name & Phone) _____

Additional Information: _____

Release: I consent to register my son/daughter in the above mentioned activity and I am aware that there are certain risks inherent in my child's participation in the program activities.

1. I undertake to ensure that my child's clothing and equipment are appropriate and adequate for program activities. I understand that the Association cannot be held liable for any lost or stolen personal items.
2. I authorize the leader of the program to obtain such medical advice and services as he or she deems necessary for the health and safety of the child. In respect of medical services, which require the consent of a parent/guardian, I authorize the leader of the program to provide such consent when all reasonable attempts to contact the parent/guardian of the child has failed, or where due to the nature of the emergency, there is insufficient time to contact the parent/guardian. I accept financial responsibility for all medical costs, which exceed coverage provided by Alberta Health Care.
3. I release Rocky Ridge Ranch Homeowners Association and it's agents, servants, employees, Directors and volunteers of and from any and all claims, demands, rights, and causes of actions of whatsoever kind or nature arising from, or by reason of, the program or any activities conducted there or any resulting accidents or injuries.
4. I understand this activity is a group experience and all participants are expected to participate fully in the program and to behave in an appropriate manner. It shall be at the discretion of the leader, after taking prescribed preventative measures, as to what steps must be taken for the welfare and safety of the participant. Continuous disruptive behavior, which affects the experience of others, may result in the child being sent home.
5. Refunds are available up to one week prior to start date less a \$25.00 admin fee. Within 1 week only refundable with a doctor's note, less \$25.00 admin fee & class pro-rate.

I have read and understand the information given:

Guardian Signature: _____ Date: _____

Witness Signature: _____