



2021 Registration Form

Centennial Place
 501B 3rd Street West
 Hanna, AB T0J 1P0
 403-854-4700



A separate Registration Form must be filled out for each child attending Epic Adventures. Must be 5 – 12 years of age.

Child's Name: _____ Gender: ____ Age: _____ Birthday: DD / MM / YYYY

ALLERGIES: _____

MEDICAL CONCERNS: _____

BEHAVIOURAL CONCERNS: _____

HEALTH CARD #: _____

T-SHIRT SIZE: YOUTH SMALL YOUTH MEDIUM YOUTH LARGE ADULT SMALL ADULT MEDIUM ADULT LARGE

Program Fees:
\$ 5/day per child

Payments & Receipts

Payment and/or arrangements required prior to child attending (upon registration). Payment options can be found at hanna.ca/payment-methods. Financial assistance may be available. The Town Office will NOT be issuing duplicate receipts. Receipts will be issued upon payment.

Dates	Monday	Tuesday	Wednesday	Thursday	Friday	Cost
July 5-9 <i>S'more Adventures</i>						
July 12-16 <i>Tourist Time</i>						
July 19-23 <i>Community Heroes</i>						
July 26-30 <i>National Geographic</i>						
Aug 4-6 <i>Dive Into Fun</i>	Civic Holiday					
Aug 9-13 <i>Olympians</i>						
Aug 16-20 <i>Blast to the Past</i>						
Aug 23-27 <i>Celebrations & Farewell</i>						

Total: _____

Parent/Guardian Information:

Physical Address: _____ Box #: _____
City: _____ Province: _____ Postal Code: _____
Email: _____

Parent/Guardian Name Daytime Phone #: _____ Relationship: _____
Cell Phone #: _____

Parent/Guardian Name Daytime Phone #: _____ Relationship: _____
Cell Phone #: _____

Alternate Contact Information: (If parents/guardians cannot be reached) *Mandatory

Name Daytime Phone #: _____ Relationship: _____
Cell Phone #: _____

Consent: * (Mandatory)

* I give permission for photographs/videos that may be taken of my child(ren) throughout Epic Adventures to be used in promotional materials, videos, websites, newspaper ads, social media, or future brochures. Names will not be used.

I agree I do not agree

* I give permission for my child to participate in Epic Adventures offsite trips. These trips may include parks and playgrounds, library, and walks around town. Children that are not attending the offsite trip are required to be picked up by a parent.

I agree I do not agree

* In the event of an emergency, I give consent for an authorized Town of Hanna staff member to authorize on my behalf all procedures (including admission to the hospital and necessary treatment) if contact cannot be made with the parents/guardians or emergency contacts.

I agree I do not agree

* I understand that all participants of the Epic Adventures program must adhere to all COVID-19 protocols and guidelines, in accordance with recommendations outlined by the Province of Alberta.

I agree I do not agree

Name of Parent/Guardian Signature Date

Please notify staff of any additional information you feel they should be aware of.