



4525 - 47A Avenue  
Red Deer, AB T4N 6Z6

p (403) 309.8405  
f (403) 342.6644

www.reddeermuseum.com



## Red Deer Museum + Art Gallery

### 'A Week @ the Museum Summer Camp Waiver' – Form A.1c

*This form is to be used in conjunction with form A.1, 'Annual Registration Form'. Information collected will be used for the purpose of determining whether the child listed has permission to leave the premises of the Red Deer Museum + Art Gallery (MAG) during their attendance at a 'Week @ the Museum: Summer Camps'. An original or digital signature of the parent/guardian is required for all 'A Week @ the Museum Summer Camp Waiver A.1c' form completions.*

**Red Deer Museum + Art Gallery Summer Camps** run from 9:00 am to 4:00 pm Monday-Friday on select weeks in July and August. Drop off time is between 8:30 am and 9:00 am. Pick up time is between 4:00 pm to 4:30 pm.

**Early Drop Off (7:45-8:30 am) & Late Pick Up (4:30-5:15 pm) are available at \$25 per category. Pre-registration required.**

**Child's Name:** \_\_\_\_\_ **Summer Camp Year:** \_\_\_\_\_

**Red Deer Museum + Art Gallery (MAG) Summer Camps** may include field trips into the Splash Park, Heritage Square, Barrett Park, Rotary Park, or to activities in downtown Red Deer (*all within a 10 minute walk from the museum*). There will be four program leaders accompanying the group with a first aid kit and all emergency and contact information for each child.

**YES, I consent**

**NO, I do not consent**

**for my child to participate in all offsite activities undertaken by their camp.**

#### **My consent indicates that I have read and understand that:**

- My child will be under the supervision of Program Leaders while away from the museum.
- Emergency contact information (*and medications*) will be taken along on the outing, as well as a first aid kit. In case of a serious accident or illness during the field trip, MAG staff will phone an ambulance and contact the guardian(s); if the guardian(s) cannot be reached, whoever is listed as the child's Emergency Contact will be contacted. If necessary, a staff member will go to the hospital until the guardian or emergency contact arrives.
- I am giving my authorization for emergency health services to be engaged for my child.

**I consent, as indicated above**

**Guardian's Name (please print):** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*(Electronic form completions) By placing a digital signature in the above field, I authorize the use of this e-signature in place of a hand-written signature.*

*The personal information contained on this form is collected under the authority of the Personal Information Protection Act (PIPA) and will be used for the purpose of administration of the Red Deer Museum + Art Gallery's registered programs. If you have any questions about this collection, please contact the Red Deer Museum + Art Gallery, 4525 47A Ave. Red Deer, AB.T4N 6Z6 or by telephone, at (403) 309-8405.*

**Administrative Use Only – initial the following fields once completed.**

**Date Received:** \_\_\_\_\_ **Staff Initial:** \_\_\_\_\_

\_\_\_\_\_ **Sumac**  **Permission to attend Field Trips** \_\_\_\_\_ **Attach to child's A.1 Annual Registration form**