

Date:

Summer Program 2010

#101, 3 Spruce Ave. Sherwood Park, AB T8A 2B6 Phone: (780) 640-9401 ext. 225 Fax: (780) 640-9404
 website: www.robinhoodassoc.com email: massie@robinhoodassoc.com

Personal Information

Name:	Parent/Guardians:
Address:	Diagnosis:
City P.C.	
Phone No: Cell:	Allergies:
Email: Work:	
Date of Birth:	Seizures: (Please describe)
Medication: (Please list all) .	
Other information:	Emergency Name: Relationship: Emergency No.:

FIELD TRIP PERMISSION

I hereby give permission for _____ to participate in any outings planned by the Robin Hood Summer Program during July and August 2010. I understand transportation will be by Robin Hood Vans, contracted buses, public transportation or staff vehicle.

Parents/Guardians _____ Date _____

PHOTOGRAPHIC AUDIO – VISUAL RELEASE

I hereby give authorization to Robin Hood Summer Program to photograph and/or use video recordings of _____:

for the promotion of the summer program individual use by family

Parents/Guardians _____ Date _____

GENERAL MEDIA PHOTOGRAPHIC AUDIO – VISUAL RELEASE

I hereby authorize general media (T.V., newspaper, etc.) personnel to photograph and/or video tape recordings of _____ for promotion of the Robin Hood Summer Program.

Parents/Guardians _____ Date _____