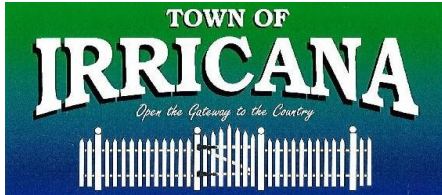


# Irricana Rec Complex Program Registration Form



## Town of Irricana

Box 100  
Irricana, AB  
T0M 1B0

Phone (403) 935-4672 Fax (403) 935-4270

email: [irricana@irricana.com](mailto:irricana@irricana.com)

Website: [www.irricana.com](http://www.irricana.com)

### Participant(s) Information:

Name(s): Surname/First Name:  Age(s)   
(if under 18)

Address: Box #:   
Street:

Phone #  Email address

Cell #  Emergency Ph#   
Contact

Please indicate type of registration: Senior  Adult  Family  Youth   
Please indicate membership type: Annual  5 Pass  Drop-in   
Do you live in: Rocky View County  Irricana  Beiseker  Other

It is a condition of participation in any recreational activity or program provided by or on behalf of the TOWN OF IRRICANA that the participant does so at his/her sole risk and the TOWN OF IRRICANA, it's agents, servants and employees are not liable in any case for loss, damage, injury or ambulance service resulting from or in connection with such participation.

With Youth Programs I grant permission for the supervisor to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to the following:

- 1) Attempt to contact parent or guardian.
- 2) If we cannot contact the parent or guardian, we may do any or all of the following:
  - a) Call paramedics and/or EMS personnel.
  - b) Transport by ambulance.
  - c) Have the child transported to a hospital in the company of a staff member.

Any expenses incurred under item two (2) above, will be borne by the child's family. This TOWN OF IRRICANA program will not be responsible for anything that may happen as a result of false information given at the time of registration.

Anyone under the age of 18 MUST have guardian signature.

Guardian(s)/  
Applicants Signature(s):

This personal information is being collected under the authority of the Freedom of Information and Protection of Privacy Act, Section 32 and will be used to operate