

# **Calgary Transit**

## **Get on Board**

### **Travel Training Summer Day Camp 2010**

Sponsored by Calgary Transit, Calgary Catholic School Board,  
Calgary Board of Education

Get on Board Travel Training will assist participants between the age of 11 and 18 become familiar with Calgary Transit fixed route transit services and systems. This will include but not be limited to an introduction of Calgary Transit services, presentations from Bus and CTrain Operators; Customer Service and Peace Officers. Participants of the Get on Board Travel Training Camp will learn about trip planning, trip confirmation, and have the opportunity to plan and take bus and CTrain trips.

A fee of \$25.00 is charged but will be refunded if participants attend 100% of the camp. This is to ensure that those who register attend the camp.

- Get on Board Travel Training Summer Day Camp 2010 will be held at **City Hall School- City Hall. – Municipal Building, Plaza Level 800 Macleod Trail SE**

Each camp session will consist of 12 hours instruction and activity time, spread out over four days in 3 hour blocks (morning or afternoon)

#### **Session One:**

- Monday July 12 through Thursday July 15  
9:00 am to 12:00 Noon

#### **Session Two:**

- Monday July 12 through Thursday July 15  
1:00 pm to 4:00 pm

#### **Session Three:**

- Monday July 19 through Thursday July 22  
9:00 am to 12 Noon

#### **Session Four:**

- Monday July 19 through Thursday July 22  
1:00 pm to 4:00 pm

#### **Session Five:**

- Monday July 26 through Thursday July 29  
9:00 am to 12 Noon

#### **Session Six:**

- Monday July 26 through Thursday July 29  
1:00 pm to 4:00 pm

Please note space is limited to six students per session, **Register Early** to avoid disappointment. Any questions please call Laura at (403) 537-7861.

**Applications will not be accepted after June 30, 2010.**

## GET ON BOARD ACCESS CALGARY

### Travel Training Summer Camp 2010

Co-sponsored by: Calgary Transit, Calgary Board of Education,  
Calgary Catholic School Board

## REGISTRATION FORM

Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Initial: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Birthdate: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address if different from above: \_\_\_\_\_

Telephone: Home (\_\_\_\_) \_\_\_\_\_ Other: \_\_\_\_\_

School Board: Public \_\_\_\_\_ Catholic \_\_\_\_\_ Other \_\_\_\_\_

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### PHOTO RELEASE WAIVER

In the course of activities, pictures may be taken and recordings may be made. Please advise us if you are willing to have the participant's photograph used for the promotion of The City of Calgary.

I hereby grant The City of Calgary permission to take photographs and/or record the participant on still photographs, motion picture film, audiotape and or video tape and to use this material, in whole or in part, for promotional purposes only.

I give my permission as set out above: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of custodial parent or guardian)

I do not give my permission: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of custodial parent or guardian)

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### INFORMED CONSENT FOR PARTICIPATION

Activities during the day camp are organised to set standards and guidelines for activity management including supervision, training, equipment, and health matters.

During day camp, the participant may participate in activities supervised by The City of Calgary Staff, which may include but not limited to:

- Classroom training ( introduction to transit, route planning)
- Bus / CTrain training ( ride on Calgary Transit )

I have read and understood the information provided with this form. I understand that there is a degree of risk involved in some activities. After carefully considering all the risks involved, and having full confidence that reasonable precautions will be taken for the safety and well-being of my child, I authorise the participant to participate in the activities at Travel Training Day Camp as described above.

\_\_\_\_\_  
(Signature of custodial parent or guardian) Date: \_\_\_\_\_

The information on this form will be used at the discretion of the Day Camp leader to ensure care and attention is given to the health of the participants. All information on this form is considered **PERSONAL AND CONFIDENTIAL**.

<b>Name:</b> _____ Surname First Name	<b>Birthdate:</b> _____
<b>Provincial Health Number:</b> _____	
<b>Address:</b> _____ Street address	City Prov Postal Code

**Custodial Parent or Guardian:** \_\_\_\_\_  
Surname First Name

**Phone: Home:** \_\_\_\_\_ **Business:** \_\_\_\_\_ **Cell / Alternate:** \_\_\_\_\_

<b>If the above are unavailable in an emergency, please notify:</b>	
<b>Emergency Contact:</b> _____ Surname First Name	
<b>Phone: Home:</b> _____ <b>Business:</b> _____ <b>Cell / Alternate:</b> _____	

The day camp program may include course work as well as transit riding. Does the participant have any physical, cognitive, or emotional conditions that would prevent him/her from fully participating in this program? Yes  No  If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any special instructions for staff regarding the participant's health care or diet? Yes  No  If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**All participants must be independent in self-care** (i.e. washroom use). If participants need more assistance they must provide their own attendant. Attendants have been beneficial to help some participants focus and to address behavioural concerns and are welcome to attend the camp.

**Will an attendant be attending the camp with the participant?** Yes  No

**Allergies** Yes  No  (please include food, environmental, and medications)

If yes, please explain in detail. (please include information for course of treatment)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the participant currently subject to any of the following?

- Seizures / Convulsions       Motion Sickness  
 Respiratory Ailments       Other- please Specify \_\_\_\_\_

Are there any chronic conditions or recent illnesses staff should be aware of?

\_\_\_\_\_  
\_\_\_\_\_

Are there any behaviour concerns that staff should be aware of?

\_\_\_\_\_  
\_\_\_\_\_

Are there any communication or learning methods that staff should be aware of to better assist the participant?

\_\_\_\_\_  
\_\_\_\_\_

Is there any other information that staff should be aware of to fully assist in the care and attention of the participant? (i.e. lacks safety awareness when crossing streets)

\_\_\_\_\_  
\_\_\_\_\_

**Medications:** Any medications (over the counter and prescribed) required by participants during Day Camp, must be brought with the participant with dosage instructions that are clearly labelled. Please provide only the dosage that the participant will require each day. Medications must be self administered as no assistance will be provided by staff.

**Will medications be required for the participant?** Yes  No  (please list)

\_\_\_\_\_  
\_\_\_\_\_

How will the participant be travelling to day camp?

\_\_\_\_\_

Who is authorized to pick up your child for this camp?

1. \_\_\_\_\_  
Name Relationship
2. \_\_\_\_\_  
Name Relationship

Behaviour management will be used to deal with dangerous, disruptive or socially unacceptable behaviour. Parents / Guardians will be contacted if there are any serious or recurring discipline concerns. We reserve the right to discontinue a participant's registration in such circumstances.

I, \_\_\_\_\_ hereby authorize The City of Calgary Staff responsible for the event to secure such medical advice and services as may be deemed necessary for the health and safety of the participant.

\_\_\_\_\_  
Signature of Parent/Guardian Date: \_\_\_\_\_

**FEE**

A refundable fee of \$25.00 is required for the GET ON BOARD Travel Training Summer Camp. If the participant attends 100% of the camp the \$25.00 will be refunded. This is to ensure those who have registered attend the camp. If FAXING registration form the space will not be confirmed until the cheque has been received. **Please make the cheque payable to: The City of Calgary.**

**Session Preference (please circle) 1 2 3 4 5 6** -max. 6 participants per camp

**Alternate Choice (please circle) 1 2 3 4 5 6** -max. 6 participants per camp

Send Completed Registration Form and Cheque for \$25.00 to:

GET ON BOARD Travel Training Summer Camp  
Access Calgary SG#170  
PO Box 2100 STN M  
Calgary, AB Canada T2P 2M5

**Or FAX to: GET ON BOARD Travel Training Summer Camp  
(403) 537-7922**

Course information will be made by mail. Registration is conditional upon availability. You will be notified if there are no spaces available in your chosen preferences. The information collected is intended ONLY for the use of participation in Travel Training with *The City of Calgary* as per clause 33 © of the Freedom of Information and Protection of Privacy Act. For further information on Freedom of Information and Protection of Privacy phone the City of Calgary, City Clerks, FOIP Office.