



**Free Children's Summer Program
Participant Information Form
2026**

All personal information collected is handled and maintained in accordance with **The Local Authority Freedom of Information and Protection of Privacy Act**. For more information visit Regina.ca/Privacy. Questions regarding protection of personal information may be directed to lafoip@regina.ca.

Please complete the following form by printing clearly. Each participant will require a separate form.

1. Participant Information

Participant First Name

Participant Last Name

Age: _____

Date of Birth (yyyy-mm-dd): _____

Program Location

Select the location(s) your child will attend (up to 2):

- Argyle North Community Association - 35 Davin Cres.
- Doug Wickenheiser Arena - 1127 Arnason St
- Glencairn Neighbourhood Recreation Centre
2626 Dewdney Ave E
- Harbour Landing Elementary School
4419 James Hill Rd
- mâmawêyatitân centre 3355 6th Ave
- Mitakuyé Owâs'â Centre 1770 Halifax St
- Rosemont Community School 841 Horace St
- École Wascana Plains School
5125 E Green Brooks Way
- South Leisure Centre 170 Sunset Dr
- Uplands Community Center 20 Weekes Crescent

2. Parent/Caregiver Information

Parent/Caregiver Name

Phone

Email

Parent/Caregiver #2 Name

Phone

Email

3. Emergency Contact

Name (not parent/caregiver)

Relationship

Phone

4. Additional Participant Information**Important information**

(dietary restrictions, allergies, asthma, medication, disability, pronouns, etc.)

Will the participant require additional support (such as 1 on 1 support)?

Note: this support is based on availability. Please call our Inclusion Support Office at 639-590-8895 or email InclusionSupport@Regina.ca for more information.

Yes No

If yes, please describe: _____

5. Lunch Break & After Program Instructions

- Participant may walk home **at lunch** with friend/sibling listed below
- Participant may walk home **after program** with friend/sibling listed below
- Participant will be **picked up**

Friend or sibling name (if applicable): _____

Anything else we should know to help the participant have a positive experience?

6. City of Regina Image Release

I authorize the **City of Regina** to use photographs, video, or audio recordings taken during the **Free Children's Summer Program** for promotional or informational purposes without compensation or further notice.

All images and recordings become the property of the **City of Regina**, which may share them with third-party organizations at its discretion.

Consent

Yes No

Date (yyyy-mm-dd): _____ **Initials:** _____

Guardian Information (*Required if participant is under 18*):

Guardian Name	Phone	Email
_____	_____	_____