



Unaccompanied Sign In/Sign Out Consent Form

Please complete if you give your child permission to arrive or depart from the Camp Curious program unaccompanied.

Applies to children 8 years and older.

I _____, give permission for my child
parent/guardian name
_____, to arrive/depart alone to/from Camp Curious at
child name
the Abbey Centre on: WEEK # _____ | _____, 2026
date

I understand that my child must sign out with the Camp Leader **before** leaving for the day.

PLEASE CHECK ALL THAT APPLY TO YOUR CHILD

Arrive & Leave Unattended	M <input type="checkbox"/>	T <input type="checkbox"/>	W <input type="checkbox"/>	TH <input type="checkbox"/>	F <input type="checkbox"/>
Arrive (ONLY) Unattended	M <input type="checkbox"/>	T <input type="checkbox"/>	W <input type="checkbox"/>	TH <input type="checkbox"/>	F <input type="checkbox"/>
Leave (ONLY) Unattended	M <input type="checkbox"/>	T <input type="checkbox"/>	W <input type="checkbox"/>	TH <input type="checkbox"/>	F <input type="checkbox"/>

Children ages 6 and 7 are required to be signed in/out by an individual who is at least 11 years of age and able to accompany them upon departure.

I hereby provide consent to the following, and by signing, I affirm that the individual _____ is at least 11 years old.
child name

PARENT/GUARDIAN SIGNATURE

DATE (MM / DD / YYYY)

I understand that my child must sign out with the Camp Leader before leaving for the day.



Waiver of Liability and Parental Consent for Child Arriving/Departing Unaccompanied

1. Release of Liability

By signing this waiver, I release and hold harmless the Town of Blackfalds, its staff, volunteers, and representatives from all liability, claims, demands, or causes of action arising out of or related to my child arriving or departing the Camp Curious program unaccompanied. The Town of Blackfalds & the Camp Curious Day Camp Staff will not be held responsible for my child outside of regular camp hours.

2. Parental Consent

I confirm that I am the legal parent or guardian of the child named above and that I grant permission for them to arrive/depart Camp Curious without adult supervision.

3. Acknowledgment of Understanding

I have read and understood this waiver. I sign it voluntarily and acknowledge that by doing so, I am waiving certain legal rights.

PARENT/GUARDIAN SIGNATURE

DATE (MM / DD / YYYY)

Personal information collected on this form will be used to facilitate enrollment in programs offered by the Town of Blackfalds. This information is collected under the authority of Section 4(c) of the Protection of Privacy Act and will be protected under Part 1 of the Act. Questions regarding the collection and/or use of this information may be directed to the Information Governance Coordinator at access@blackfalds.ca or by phone at 403.885.6370