



Youth Outdoor Activity Day Registration Form



Name of Participant: First: _____ Last: _____
(Please Print)

Address _____ Town/City: _____

Province: _____ Postal Code _____

Birth date: _____ Age _____ Sex: M F
D/M/Year

Parents' Name _____ Work Telephone _____

Home Telephone _____ Cell Phone (if available): _____

Email address _____

School Attending _____

Health Care # _____ Blue Cross # (if have One) _____

Family Doctor: _____

Please check off any conditions that may apply to you:

- Asthma
- Diabetes
- Epilepsy
- Heart Problems
- Lung Problems
- Bone/Muscle
- Arthritis
- Cramping
- Nerves, Anxiety
- others (Please Specify) _____

Are you allergic to anything? Please be specific, including required treatment.

List all Medications you need to take between 8 AM and 6 PM. All required medications must be brought in original pharmacy containers correctly labelled with doctor's name and instructions. In case of a medical emergency I understand every effort will be made to contact me. If I cannot be reached, I give my permission to any physician selected to secure necessary treatment, including hospitalization. To the best of my knowledge, my child is in good health. I understand also that if my child refuses to abide by the rules of the organizers that I will need to come immediately to pick him/her up from the site.

Signature of Parent or Guardian _____ Date _____

Signature of Participant _____ Date _____

Has the participant attended the Youth Fun Day before? Yes No