



Youth Outdoor Activity Day Registration Form

SPECIAL NOTE: As Covid protocol is being relaxed, our Organization is cautiously considering getting this Activity Day up and running after a two year postponement. We will monitor the situation and follow protocol measures in effect. This could even require another postponement. Also – any registered child who might be experiencing Covid symptoms should be kept at home and the registration fee would be refunded.

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:

- | | |
|---|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Bone/Muscle |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Cramping |
| <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Nerves, Anxiety |
| <input type="checkbox"/> Lung Problems | <input type="checkbox"/> 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 Outdoor Activity Day before? Yes No