



## Youth Outdoor Activity Day Registration Form



**SPECIAL NOTE:** This completed and signed registration form, accompanied by the fee of \$10.00 (cash or cheque), must be dropped off at Grindin Gears (North end of mall by Co-op Marketplace).

Choose your preference of dates being offered: ☐ Saturday June 21  
☐ Sunday June 22  
☐ Either Date

Name of Participant: First: \_\_\_\_\_ Last: \_\_\_\_\_  
(Please Print)

Address \_\_\_\_\_ Town/City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code \_\_\_\_\_

Birth date: \_\_\_\_\_ Age \_\_\_\_\_ Sex: M F  
D/M/Year

Parents' Name: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

*Please note: You will receive a confirmation and reminder by email only, please check junk mail folders.*

School Attending \_\_\_\_\_

Health Care # \_\_\_\_\_ Blue Cross # (if applicable) \_\_\_\_\_

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? Yes / No 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