



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). Make sure to obtain a "Parents Information Sheet"

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