



The Young Naturalists' Club
Registration Form and Emergency Health Information
c/o Owen Sound Field Naturalists, Box 401, Owen Sound, Ontario N4K 5P7

Please fill out the entire registration form and return to the Owen Sound Field Naturalists at the first meeting. Registration is based on first come first served basis.

REGISTRATION COSTS:

Free if child(ren) are part of family OSFN membership OR \$25 per child if not current members of OSFN (family memberships \$55). There may be extra costs for some field trips. Make cheques payable to Owen Sound Field Naturalists

Select the appropriate option below:

- ☐ The child(ren) are already part of family membership with OSFN (family membership is parent, children and grandchildren). Registration for Young Naturalists Program is Free
- ☐ Child(ren) are not part of family membership with OSFN. With payment, child will become an OSFN member
COST: \$25 x ____ (# of children) = \$ _____

REGISTRATION FOR YOUNG NATURALISTS:

Program is for children ages 7 – 12 with adult supervision (younger children may attend at the discretion of the leaders). All children must be accompanied by an adult.

1. Child's FULL Name: _____ Birth Date _____ D / M / Y

Address: _____ Phone #: _____

2. Child's FULL Name _____ Birth Date _____ D / M / Y

Address: _____ Phone #: _____

3. Child's FULL Name _____ Birth Date _____ D / M / Y

Address: _____ Phone #: _____

Father/Guardian Name	Cell Telephone Number	Home Telephone Number
Mother/Guardian Name	Cell Telephone Number	Home Telephone Number
Address	City	Postal Code

***Preferred E-mail Address :** _____

Please note the Young Naturalist's Club and the Owen Sound Field Naturalists use e-mail to remind you about activities or cancellations because of weather, eg. Snow storms

Emergency Health Information: Please fill in this portion so that if a medical emergency arises we can take appropriate action.

Allergies: _____

Health Card Number (s) : _____ / _____ / _____
Child #1 Child #2 Child #3

Family Doctor: _____ Phone No. _____

Emergency Contact _____ Phone No. _____

In case of a medical emergency, and you are not present at program or reachable, I give permission to have my child(ren) taken to the nearest hospital or medical centre.

Signature of Parent or Guardian Date

Photographs: Should photographs be taken of myself or my children during the course of participating in The Young Naturalists Club, I _____ (please circle one) **do give** permission / **do not** give permission for these photos to be displayed or publicized at a later date.

(Signature of Parent/Guardian) Date

WAIVER AND ASSUMPTION OF RISK

I _____, wish to have my child/ren _____
(Parent/Guardian Name) (Child/rens Name/s)

participate in the above noted program, hosted by the Owen Sound Field Naturalists. As part of registering my child/ren, I hereby agree as follows:

1. I acknowledge that I am aware of the risks associated with this activity and the possibilities of accident or injury which are inherent in this type of activity. I declare that my child/ren is fully covered by medical, dental and hospital insurance, including emergency treatment, and that I am fully protected in the case of an accident to my child/ren.
2. That I acknowledge that there are inherent risks associated with this activity and that my child/ren could sustain personal injury through participation in this activity and I am hereby accepting to take that risk on behalf of myself and my child/ren.
3. To save harmless and keep indemnified the Owen Sound Field Naturalists and their respective agents, officials, servants and representatives from and against all claims and actions, costs and expenses and demands, in respect of injury, loss or damage or death to myself or my child/ren's person.
4. That I affirm that my child/ren is in good health, capable of participating in the program and activities of the Young Naturalists Club, and I accept personal risk on behalf of myself and my child/ren for the consequences of such participation.
5. That I agree that my child/ren will follow the rules and guidelines of the Young Naturalists Club.
6. In the event of an accident or medical problem suffered by my child/ren, I consent to the Young Naturalists Club leaders seeking out the appropriate medical care.
7. That I declare this Waiver and Assumption of Risk is binding on me, my child/ren, my heirs, executors, administrators and assigns. I have read this Waiver and Assumption of Risk and I fully understand all aspects of it.

Signature of Parent/Guardian Date

If you have questions, please contact Amanda Eriksen at youngnaturalistsos@gmail.com