

Child (ren)'s Surname: _____

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. Cost: \$20 per person or \$40 for a family (and becomes a Owen Sound Field Naturalist Member) and field trip costs
Cheques payable to Owen Sound Field Naturalists at the October meeting

REGISTRATION: For children ages 7 – 12 (children ages 5 to 6 can attend with a parent)

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

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

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

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

*E-mail Address _____ * Please note I will be using e-mail to remind you about our next months' 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. _____
(if you are unreachable)

In case of a medical emergency, I give permission to have my child(ren) taken to the nearest hospital or medical centre.

Signature of Parent or Guardian

Date

Photographs - In the event that photographs may 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 Elaine at 519 371-1989 or John at 519 376-376-3789