

REGISTRATION FORM

Participant's Information

Child's Name: _____

Address: _____

City: _____ Postal Code: _____

Telephone: _____

Email: _____

School: _____ Grade: _____

Medical Information

Personal Health Number: _____

Emergency Contact Name: _____

Emergency Phone Number: _____

Medical Concerns: _____

Program Information

Program:

Fee:

Total: _____

Release and Waiver

I here by agree, absolve and hold harmless the West Abbotsford Community School Society, cooperating organizations and any other parties connected with this event in any way, singly or collectively, from and against any blame and liability for any injury, misadventure, harm, loss, inconvenience, or damage hereby suffered or sustained as a result of participation in this event or any activities associated therewith.

I give full permission for the use of my child's name and photo in connection with this event and I understand that it may be used for publication in WACSS annual reports, newsletters and online.

Signature: _____ Date: _____

Drop off at John Maclure Community School

604-859-6919