



COURSE REGISTRATION 2018 (Minor)

Reg#

Form revised March 26, 2018

A separate form is required for each participant. Place an x on appropriate row in # and price column

x	#	PROGRAM	DATES/TIMES	Length	Price	x
	1	Lake Canoe Skills Option 1	Pool: June 8, 7-9:30 PM Lake: June 9-11, 7-9:30pm	10 hours	\$350	
	2	Lake Canoe Skills Option 2	Pool: June 15, 7-9:30 Lake: June 16, 2-4:30 & 7-9:30 June 17, 2-4:30pm	10 hours	\$350	
	3	Sea Kayak Skills Option 1	Pool: June 22, 7-9:30 PM Lake: June 25 - 27, 7-9:30pm	10 hours	\$350	
	4	Sea Kayak Skills Option 2	Pool: June 29, 7-9:30pm Lake: June 30, July 1 & 2, 7-9:30pm	10 hours	\$350	
	5	River Canoe Skills	Theory/Lake: July 5 & 6, 7-9pm River: July 7 & 14, 9am-5pm	20 hours	\$395	
	6	River Kayak Skills	Theory/Lake: July 5 & 6, 7-9pm River: July 7 & 14, 9am-5pm	20 hours	\$395	
	7	Kids' Paddle Camp (7-11 yrs) Option 1	Pool: June 30, 9 am - noon Lake: July 2 - 6, 9am-5pm	5 ½ days	\$535	
	8	Kids' Paddle Camp (7-11 yrs) Option 2	Pool: July 15, 9 am - noon Lake: July 16 - 20, 9am-5pm	5 ½ days	\$535	
	9	Youth Adventure Camp (12 - 15 yrs)	Pool: July 8, 9am - noon Lake: July 9 & 10 Trip: July 11-13	5 ½ days	\$595	
	10	Semi/Private Lessons	Private: \$50/hour/person, semi-private: \$40/hour/person			
How did you hear about this Program?						Sub Total:
Pd by:	CQ	Cash	Visa	MC	ET	GST# 122209836
CC #:						5% GST:
Expiry:	Initial of NARWAL agent:					Total due:
Cardholder's name (print):						Total Paid:
Cardholder's signature:						Balance Owing:

CONTACT INFO

HEALTH INFO

Participant Name:						<i>I consider my physical condition to be:</i>					
Street Address:						Below average		Average			
Postal Address:						Above average		Excellent			
Community:						<i>I consider my swimming ability to be:</i>					
Postal Code:						Poor		Fair			
Phone # (W):						Good		Excellent			
Phone # (H):						Family Doctor:					
Fax:						Clinic:					
Email:						Clinic Phone #:					
Birth date (m/d/y):			Age:			<i>Do you have any of the following? (yes/no)</i>					
Height (feet/inches):			weight (lbs):			Asthma		Epilepsy			
Health Care #:						Back problems		Diabetes			
Emergency Contact:						Heart Disease		High Blood Pressure			
Relationship:						Do you smoke?		Are you pregnant?			
Contact work Ph:								Do you get cold easily?			
Contact home Ph:											
Do you have any allergies (including food, environmental or medications)?								Yes		No	
If yes, please list; describe reaction / treatment:											
Is there any physical or health information that should be brought to the attention of your group leader for your own safety and/or the safety of the group?											
								Yes		No	
If Yes, please explain:											

PLEASE CAREFULLY READ AND SIGN WAIVER (ON REVERSE)

WAIVER AND RELEASE OF RESPONSIBILITY (MINOR)
FOR PARTICIPANTS OF MINORITY AGE - UNDER 19 AT TIME OF REGISTRATION

In consideration of being allowed to participate in any way in the NARWAL outdoor programs, activities, events and trips, the undersigned acknowledges and agrees that:

1. I, (please print parent / guardian's name), understand that there are hazards associated with any outdoor activity, including paddling. I am aware that these hazards include but are not limited to cold water, rocks, waves, and wildlife encounters. I understand that the risk of injury from this activity is present, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASES, or others, and assume full responsibility for my child's participation.
3. I acknowledge that participation in this program will require physical exertion. I affirm that my son/daughter is in good physical and mental health, and can meet these demands. I understand that the final decision to participate in any aspect of this program rests with me (or with my child if I am not present), and that he/she is not required to participate in activities he/she deems to be unsafe or beyond his/her capabilities.
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS NARWAL, their officers, officials, volunteers, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (all of whom are referred to as "Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASES OR OTHERWISE.
5. I understand that this release of liability and assumption of risk applies to any and all claims, actions, losses and damages suffered actually or prospectively, by myself or my child, arising from any occurrence, accident, mishap, or other event transpiring during the giving of this program, or arising as a result of any activity relating directly or indirectly to the program whether such activity be prior or subsequent to the giving of the program.
6. I am responsible for repairing or replacing any lost or damaged equipment assigned to me, or my child, during the course or tour, as assessed by NARWAL.
7. I authorize NARWAL to use photographs of my child pursuing the activity for which I have registered him/her for the purposes of promoting future NARWAL programs, activities and training events, and in future training material.
8. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHT BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT INDUCEMENT.
9. I understand that my signature below signifies my endorsement of all the information provided on this Waiver and the Registration form.

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Participant's Name (please print)

Parent / Guardian's Name (please print)

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Signature of Parent / Guardian

Witness

Date Signed