| Reg# |  |
|------|--|
| ILLE |  |

March 27, 2017



## **NARWAL REGISTRATION 2017**

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

## (MINOR – UNDER 18 YEARS OF AGE)

Clinic:

Does this child get cold easily?

environmental or medications)?

Does this child have any of the following? (yes/no)

Does this child have any allergies (including food,

**Epilepsy** 

Diabetes

**High Blood Pressure** 

YES / NO

Clinic Phone #:

Asthma

Back problems

Heart Disease

| X                          | #                        |                | PKU               | JGKA. | IVI            |  |   |                |      | DAI           | F2/11M    | IF2          |            | Length    | Price | X |
|----------------------------|--------------------------|----------------|-------------------|-------|----------------|--|---|----------------|------|---------------|-----------|--------------|------------|-----------|-------|---|
|                            | 1                        | Fishing 7      | Γour              |       |                |  |   |                |      |               |           |              |            | 2 hours   | \$130 | 1 |
|                            | 2                        | Motor Bo       | Motor Boat Tour   |       |                |  |   |                |      |               |           |              |            | 1 hour    | \$75  | 2 |
|                            | 3                        | Hiking         | Hiking            |       |                |  |   |                |      |               |           |              |            | 4-5 hours | \$95  | 3 |
|                            | 4                        | Paddling       | Paddling Day Tour |       |                |  | PLEASE CIRCLE WHICH DATE: July 8, 22, 29, Aug 12, 19, 26; 9am-3pm Theory session: day before trip from 7-8:30pm |                |      |               |           |              |            | 6 hours   | \$150 | 4 |
|                            | 5                        | North Arm Tour |                   |       |                | <b>Prep</b> : July 29 &31, 7-9pm <b>Trip</b> : Aug 1-6 |   |                |      |               |           | 6 days       | \$995      | 5         |       |   |
|                            | 6 Paddling Half-Day Tour |                |                   |       |                | Canoe or kayak: \$50/person per hour.                  |   |                |      |               |           |              |            | 6         |       |   |
|                            |                          |                |                   |       |                |  |   |                |      |               |           |              | Sub Total  |           |       |   |
| Pd by:                     | CQ                       | Cash           |                   | Visa  |                | MC   |   |                |      | GST;          | # 1222098 | 36           | 5% GST     | _         |       |   |
| CC #:                      |                          | <u>I</u>       |                   |       |                |  | - I   | ı              | 1    |               |           |              | Total due  | 1         |       |   |
| Expiry:                    |                          |                |                   |       |                |  | Initia  | l of N         | ARW. | AL agent:     |           |              | Total Paid | 1         |       |   |
| Cardholder's name (print): |                          |                |                   |       | Balance Owing: |  |   |                |      |               | :         |              |            |           |       |   |
| Cardh                      | older's                  | signature:     |                   |       |                |  |   |                |      |               |           |              |            |           |       |   |
|                            |                          | CC             | )NT               | ACT I | NF             | o  |   |                |      |               |           | Н            | EALTH IN   | FO        |       |   |
| Participant Name:          |                          |                |                   |       |                |  | I consider this child's physical condition to be:   |                |      |               |           |              |            |           |       |   |
| Street Address:            |                          |                |                   |       |                |  |   |                | Belo | Below average |           | Averag       | e          |           |       |   |
| Postal Address:            |                          |                |                   |       |                |  | Abo   | Above average  |      |               | Exceller  | ıt           |            |           |       |   |
| Community:                 |                          |                |                   |       |                |  |   |                |      | I cons        | ider this | ability to b | e:         |           |       |   |
| Postal Code:               |                          |                |                   |       |                |  |   | Poor           |      |               | Fai       | r            |            |           |       |   |
|                            | Pł                       | none # (W      | ):                |       |                |  |   |                |      |               | Good      |              |            | Excellen  | ıt    |   |
| Phone # (H):               |                          |                |                   |       |                |  | Fa  | Family Doctor: |      |               |           |              |            |           |       |   |

If yes, please list; describe reaction / treatment:

Fax: Email:

Birth date (m/d/y):

Health Care #:

Relationship:

Contact wk Ph: Contact home Ph:

Height (feet/inches):

**Emergency Contact:** 

Is there any physical, emotional, or health information that should be brought to the attention of the group leader for your child's safety and/or the safety of the group? YES / NO

If Yes, please explain:

PLEASE CAREFULLY READ AND SIGN WAIVER (ON REVERSE)

Age: Weight (lbs):

## WAIVER AND RELEASE OF RESPONSIBILITY (MINOR)

FOR PARTICIPANTS OF MINORITY AGE - UNDER 19 AT TIME OF REGISTRATION

| In consideration of being allowed to p trips, the undersigned acknowledges  |  | y in the NARWAL o  | outdoor programs, activities, events and  |  |  |
|---|--|--|---|--|--|
| are not limited to cold water, rocks, v   | door activity, includ<br>vaves, and wildlife                     | ing paddling. I am<br>encounters. I unde                       | guardian's name), understand that there<br>aware that these hazards include but<br>erstand that the risk of injury from this<br>sipline may reduce this risk, the risk of |  |  |
|   |  |  | known and unknown, EVEN IF assume full responsibility for my child's  |  |  |
| 3. I acknowledge that participate son/daughter is in good physical and decision to participate in any aspect he/she is not required to participate in | I mental health, and of this program res                         | d can meet these d<br>ts with me (or with                      | emands. I understand that the final my child if I am not present), and that   |  |  |
| RELEASE AND HOLD HARMLESS participants, sponsoring agencies, sponsoring to conduct the event (all of whom are   | NARWAL, their off<br>consors, advertiser<br>e referred to as "Re | cers, officials, volus, and if applicable<br>leasees"), WITH R | tatives and next of kin, HEREBY nteers, agents and/or employees, other, owners and lessors of premises used ESPECT TO ANY AND ALL INJURY, R CAUSED BY THE NEGLIGENCE OF   |  |  |
| losses and damages suffered actual  | ly or prospectively, ispiring during the                         | by myself or my ch<br>giving of this progra                    | m, or arising as a result of any activity   |  |  |
| 6. I am responsible for repairing during the course or tour, as assessed  |  | ost or damaged eq  | uipment assigned to me, or my child,  |  |  |
| 7. I authorize NARWAL to use him/her for the purposes of promotin training material.  |  |  | activity for which I have registered and training events, and in future   |  |  |
| 8. I HAVE READ THIS RELEA<br>UNDERSTAND ITS TERMS, UNDE<br>AND SIGN IT FREELY AND VOLUN   | RSTAND THAT I H  | AVE GIVEN UP SI  | N OF RISK AGREEMENT, FULLY<br>UBSTANTIAL RIGHT BY SIGNING IT,   |  |  |
| 9. I understand that my signatu Waiver and the Registration form.   | ıre below signifies ı  | ny endorsement of  | all the information provided on this  |  |  |
|   |  |  |   |  |  |
| Participant's Name (please print)   |  | Parent / Guardiar  | n's Name (please print)   |  |  |
|   |  |  |   |  |  |
| Signature of Parent / Guardian  | Witnes   | SS   | Date Signed   |  |  |