



# COURSE REGISTRATION 2019

## (Child and Youth – under 19 years of age)

Form revised April 15, 2019

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	<b>Pool:</b> July 5, 7-9:30 PM <b>Lake:</b> July 6 - 8, 7-9:30 PM	10 hours	\$295	
	2	Sea Kayak Skills	<b>Pool:</b> July 5, 7-9:30 PM <b>Lake:</b> July 6 - 8, 7-9:30 PM	10 hours	\$350	
	3	River Canoe Skills	<b>Theory/Lake:</b> July 10 & 12, 7-9 PM <b>River:</b> July 13 & 20, 9 AM – 5 PM	20 hours	\$395	
	4	River Kayak Skills	<b>Theory/Lake:</b> July 10 & 12, 7-9 PM <b>River:</b> July 13 & 20, 9 AM – 5 PM	20 hours	\$395	
	5	Kids' Paddle Camp	<b>Pool:</b> July 7, 9 AM - noon <b>Lake:</b> July 8 - 12, 9 AM – 5 PM	5 ½ days	\$525	
	6	Youth Adventure Camp	<b>Pool:</b> July 28, 9 AM–noon <b>Lake:</b> July 29 & 30, 9 AM to 5 PM <b>Trip:</b> July 31–Aug 2	5 ½ days	\$595	
	7	Semi/Private Lessons	Private: \$50/hour/person, semi-private: \$40/hour/person			
		Special Program:				

<b>How did you hear about this Program?</b>						<b>Sub Total:</b>	
Pd by:	CQ	Cash	Visa	MC	ET	<b>GST# 122209836</b>	<b>5% GST:</b>
<b>CC #:</b>						<b>Total due:</b>	
<b>Expiry:</b>	Initial of NARWAL agent:					<b>Total Paid:</b>	
<b>Cardholder's name (print):</b>						<b>Balance Owning:</b>	
<b>Cardholder's signature:</b>							

### 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, 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.
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.

Participant's Name (please print)	Parent / Guardian's Name (please print)

Signature of Parent / Guardian	Witness	Date Signed