



# Gabriola Recreation Society

Box 355, Gabriola, V0R 1X0 (250) 247-2014

REGISTRATION FORM  
**CHILD**

## Registration Form

GRS Program Name: \_\_\_\_\_

Participant's Name: \_\_\_\_\_ (circle one) M / F / Other

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
(day) (month) (year)

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(If you do not live on Gabriola year round, please write both your local address and your off island address)

### Emergency Contacts:

1. Name: \_\_\_\_\_ Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_

3. Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

.....

Please Identify any and all allergies, medical conditions, medications, and disabilities the instructor should be aware of. Please note **INSTRUCTORS WILL NOT ADMINISTER MEDICATIONS!** This information is strictly confidential and will only be used in the event of an emergency.

\_\_\_\_\_

\_\_\_\_\_

Please Identify anyone who may pick your child up including parents/guardians:

Note: Instructors will NOT be allowed to transport participants unless their name appears on this registration form.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Yes, I would like to be notified via email about GRS program updates.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_