



Gabriola Recreation Society

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

**REGISTRATION FORM
ADULT**

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.

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

Signature: _____ Date: _____