



REGISTRATION FORM

as of June 2020

GRS program: _____ date: _____

Participant's name _____ **M/ F/ Other**

Date of Birth ____/____/____
(day) (month) (Year)

ADDRESS: _____

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

PHONE: _____

EMAIL: _____

Emergency contacts:

1. Parent/guardian (if <19) _____ Phone(H) _____ (W) _____
2. Alternate contact: _____ Phone(H) _____ (W) _____
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:

If you do **NOT** want photos/videos of your child taken please initial here: _____



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

Parent/Guardian Signature: _____

Date: _____