



Junior Ecology Leaders Program REGISTRATION AND HEALTH FORM – 2009

PLEASE COMPLETE BOTH SIDES.

Session you wish to apply for: 1) August 4 to 7 2) August 17 to 20
Bus stop (please check preference): SISO (Liuna Station) Jamesville Community Centre, 209 McNab St. N.

CHILD'S NAME: _____ GENDER: MALE FEMALE
ADDRESS: _____
CITY: _____ PROV.: _____ POSTAL CODE: _____
HOME PHONE: _____ OTHER PHONE: _____
EMAIL*: _____

(*Please provide a family email address if you would like us to email information about other family/child-oriented programs and events. This is for Royal Botanical Gardens use only.)

BIRTH DATE: _____ GRADE AND SCHOOL: _____
LANGUAGES SPOKEN: _____ MOTHER TONGUE: _____
ENGLISH SKILLS: LIMITED MODERATE FLUENT
NUMBER OF YEARS CHILD HAS LIVED IN CANADA: _____ YEARS IN HAMILTON: _____ COUNTRY OF ORIGIN: _____

Name, address and phone number of two persons who may be contacted if we can't reach you in the event of an emergency during one of our meetings:

- 1. _____

- 2. _____

ONTARIO HEALTH CARD # _____

Is there any medical condition that might prevent your child from participating in any physical activity such as running, climbing or hiking (i.e. asthma etc.)? If so, please explain: _____





Please list any allergies your child may have (i.e. foods, insects, plants) : _____

If your child has allergies, how severe are they? _____

Does your child have any medical condition that we should be aware of? _____

Is your child on any regular medication? If so, please list: _____

Does your child have any dietary restrictions? _____

AUTHORIZATION AND CONSENT:

If at any time emergency medical treatment is needed, I give my consent for treatment to be given.

Yes No Restrictions: _____

I have reviewed the written materials describing this program and understand the nature of the activities that participants will be involved in, including exploring the forest along nature trails, picnicking outdoors, and doing water studies and canoeing.

I hereby release and hold harmless and agree to indemnify Settlement and Integration Services Organization and Royal Botanical Gardens, their agents, volunteers, and servants from and against all claims, action, cost, and expenses, and demands in respect to death, injury, loss or damage to my person or property, howsoever caused, arising out of or in connection with my taking part in this program's activities, events and notwithstanding that the same may have been contributed to or occasioned by the negligence of the Settlement and Integration Services Organization or Royal Botanical Gardens, their agents, volunteers, or servants. I acknowledge that I have read and understood this agreement and agree this agreement is to be binding on my heirs, my executors, assigns and myself.

By signing below, I also agree that during the course of this activity photography or other recordings may be taken or made of the persons whose names are on this registration form. I hereby assign and transfer to SISO and RBG any rights, including any copyright, the person to whom this registration form pertains might have in any such material so produced.

My son/daughter _____ has my permission to take part in all activities offered as part of the Junior Ecology Leaders Program.

Date: _____ Signature of parent/guardian: _____

PLEASE RETURN SIGNED FORM to SISO's Globe office to Lindon Barrett (905-527-2049, ext. 529) or lbarrett@sisohamilton.org.

FAX COMPLETED FORM TO: 905-527-7342

OR DROP OFF TO: The Globe, 24 Main Street West, Hamilton (attention: Lindon)

