

Child (ren)'s Sur Name: \_\_\_\_\_

# The Young Naturalists' Club

## Registration Form and Emergency Health Information

c/o Grey Sauble Conservation, 237897 Inglis Falls Road, R.R.#4, Owen Sound, Ontario 519 376-3076

Please complete both sides of this form. This form may be used for more than one child. All information collected is confidential and is collected under the privacy and information guidelines, and will be used for Young Naturalists Club activities only.

Fee per child: \$ 20 per person or \$10 per person if family or family member is an OSFN Member  
Cheques payable to Owen Sound Field Naturalists

**REGISTRATION:** For children ages 8 – 12

- 1. Child's First Name: \_\_\_\_\_ Birth Date \_\_\_\_\_  
D / M / Y
- 2. Child's First Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
D / M / Y
- 3. Child's First Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
D / M / Y

Father/Guardian Name	Cell Telephone Number	Home Telephone Number
Mother/Guardian Name	Cell Telephone Number	Home Telephone Number
Address	City	Postal Code

\*E-mail Address \_\_\_\_\_\*

*We will be using e-mail for updating you with Young Nats Newsletters, meetings, or cancellations because of winter weather, etc.*

**Emergency Health Information:** Please fill in this portion so that if a medical emergency arises we can take appropriate action.

Health Card Number (s) : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Child #1 Child #2 Child #3

Family Doctor: \_\_\_\_\_ Phone No. \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone No. \_\_\_\_\_  
(if you are unreachable)

In case of a medical emergency, I give permission to have my child(ren) taken to the nearest hospital or medical centre. \_\_\_\_\_

Signature of Parent or Guardian

Date

**Photographs** - In the event that photographs may be taken of myself or my children during the course of participating in The Young Naturalists Club, I \_\_\_\_\_ (please circle one) do give permission/ do not give permission for these photos to be displayed or publicized at a later date.

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
Date

## WAIVER AND ASSUMPTION OF RISK

I \_\_\_\_\_, wish to have my child/ren \_\_\_\_\_  
(Parent/Guardian Name) (Child/rens Name/s)

Participate in the above noted program, co-hosted by Grey Sauble Conservation and the Owen Sound Field Naturalists. As part of registering my child/ren, I hereby agree as follows:

1. I acknowledge that I am aware of the risks associated with this activity and the possibilities of accident or injury which are inherent in this type of activity. I declare that my child/ren is fully covered by medical, dental and hospital insurance, including emergency treatment, and that I am fully protected in the case of an accident to my child/ren.
2. That I acknowledge that there are inherent risks associated with this activity and that my child/ren could sustain personal injury through participation in this activity and I am hereby accepting to take that risk on behalf of myself and my child/ren.
3. To save harmless and keep indemnified the Owen Sound Field Naturalists and the Grey Sauble Conservation Authority and their respective agents, officials, servants and representatives from and against all claims and actions, costs and expenses and demands, in respect of injury, loss or damage or death to myself or my child/ren's person.
4. That I affirm that my child/ren is in good health, capable of participating in the program and activities of the Young Naturalists Club, and I accept personal risk on behalf of myself and my child/ren for the consequences of such participation.
5. That I agree that my child/ren will follow the rules and guidelines of the Young Naturalists Club.
6. In the event of an accident or medical problem suffered by my child/ren, I consent to the Young Naturalists Club leaders seeking out the appropriate medical care.
7. That I declare this Waiver and Assumption of Risk is binding on me, my child/ren, my heirs, executors, administrators and assigns.

I have read this Waiver and Assumption of Risk and I fully understand all aspects of it.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date