



**COMOX VALLEY GIRLS GROUP**  
**Peer Facilitation Training**  
**APPLICATION FORM**

How did you find out about this training?:

\_\_\_\_\_

**Participant's Name:**

-----

Date of Birth: -----Medical Number

-----

Allergies/medical concerns:

\_\_\_\_\_ Doctor: \_\_\_\_\_

Limitations/special considerations:

\_\_\_\_\_

Home Address:

-----

**Home Phone #: -----Emergency Phone #:**

-----

Cell #: \_\_\_\_\_ Email address:

\_\_\_\_\_

Signature of Parent/Guardian:

-----

(print name):-----Date form submitted:

-----

Please provide 2 references with phone number (teacher, work supervisor – non-relation):

1. ----- 2.

-----

Please give a brief description of why you are interested in this training and your career goals:

---

---

---

---

---

**Permission to photograph or video tape**

I hereby grant permission for ----- to be photographed, videotaped, and/or interviewed participating in Girls Group activities for publicity purposes only, i.e. in local print, television media or promotional material.

Signature of Participant & Parent/Guardian: -----  
(or signature of participant if over the age of 14)