



CVTS GIRLS GROUP - REGISTRATION FORM – Fall/Winter 2015

___ 14-16 year-olds (Thursdays) – starts November 19th
11 sessions – 4:15 to 6:15 p.m. (excluding stats/school breaks)
___ 12/13 year-olds (Wednesdays) – starts November 18th
11 sessions 4:15 to 6:15 p.m. (excluding stats/school breaks)

How did you find out about our program?:

Reason for referral/hopes for participation: _____

Participant's Name: _____ Date of Birth: _____

Medical Number _____ Doctor's Name: _____

Allergies/medical concerns: _____

Home Address: _____

Home Phone Number: _____ **Email address:** _____

Emergency Phone Number: _____ Cell #: _____

Date Form submitted: _____ School: _____

Signature of Parent/Guardian: _____

Permission to photograph or video tape – completely optional –
We respect confidentiality of our participants

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 Parent/Guardian: _____

Permission to Participate in Recreational Activities

I hereby grant permission for ----- to participate in swimming (with lifeguard present); wading to the waist (with or without lifeguard present); bowling; nature trail walks; cycling; volleyball, yoga or similar activities. All activities to be closely supervised by program facilitators at all times.

Signature of Parent/Guardian: _____

**Please deliver to #202 – 576 England Ave., Courtenay or fax to (250) 897-0595
or email back to wjbmorin@gmail.com**