



CVTS GIRLS GROUP - REGISTRATION FORM - Fall 2018

___ 12/13 year-olds Wednesdays - 4:15 to 6:15 pm - October 17, 24; November 7, 14, 21, 28; December 5, 12, 19; January 9, 16 (excluding stats/Pro D)

Location: Comox Valley Transition Society, 625 England Ave., Courtenay

___ 14-16 year-olds Thursdays - 4:15 to 6:15 pm - October 18, 25; November 1, 8, 15, 22, 29; December 6, 13; January 3, 10 (excluding stats/Pro D)

Location: Comox Valley Transition Society, 625 England Ave., Courtenay

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 #: _____ 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 625 England Ave., Courtenay or fax to (250) 897-0595

Or email back to wjbmorin@gmail.com

Call 250 897-5568 or 250 897-0511 for more info