



CVTS GIRLS GROUP - REGISTRATION FORM – Fall '20/Winter '21

14-16-year-olds: 4:00 to 5:30 p.m. - Mondays starting November 2
12/13-year-olds: 4:00 to 5:30 p.m. – Wednesdays starting November 4
10/11-year-olds: 3:30 to 5:00 p.m. - Tuesdays starting November 3
10 sessions, excluding school breaks

**GROUPS WILL BE HELD VIA ZOOM AND MAY MOVE TO INDOORS
AT A LATER DATE WITH COVID PROTOCOLS IN PLACE**

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. **RECREATIONAL ACTIVITIES TO TAKE PLACE ONLY UNDER COVID PROTOCOLS**

Signature of Parent/Guardian: _____

Please deliver to Comox Valley Transition Society - 625 England Ave., Courtenay; Fax to (250) 897-0595; or email back to wjbmorin@gmail.com For more information, call 250 897-5568 or 250 897-0511.