



**CVTS GIRLS GROUP - REGISTRATION FORM - Fall '23**

11-13 year olds - 4:15 to 6:15 pm - Thursdays starting October 12th, '23  
10 sessions, excluding school breaks

How did you find out about our program?:

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Reason for referral/hopes for participation:

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Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Medical Number \_\_\_\_\_ Doctor's Name: \_\_\_\_\_

Allergies/medical concerns:

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Home Address:

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Home Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_

Date Form submitted: \_\_\_\_\_ School: \_\_\_\_\_

Signature of Parent/Guardian:

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**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:

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**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:

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**Please deliver to Comox Valley Transition Society - 625 England Ave., Courtenay  
or fax to (250) 897-0595**

Or email back to [wjbmorin@gmail.com](mailto:wjbmorin@gmail.com)

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