



CVTS GIRLS GROUP - REGISTRATION FORM - Winter/Spring '24

12/13 year olds - 4:15 to 6:15 p.m. - Thursdays starting January 11th, '23

10/11 year olds - 4:15 to 6:15 pm - Tuesdays starting February 6th, '23

10 sessions, excluding 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: _____

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 Comox Valley Transition Society - 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