



“Fit Yoga” Program Registration Form 2017-18

All Information must be completed & returned to the main office to participate in the program – Programs starts October 23, 2017 Week

Please complete this application in full and return to school office by Oct. 19th



Registration Deadline: Return to School Office by Oct. 19th Program Dates: Starts October 23rd, 2017 week

Participant's Name _____ Grade _____

Home Mailing Address _____

Postal Code _____

Home Phone _____ Work Phone _____ Other Phone _____

Guardian's Email _____ Participant's Email _____

Guardian(s) Name(s): _____

Relationship with Participant

- Mother
- Foster Mother
- Social Worker

- Father
- Foster Father
- Other _____

PROGRAM SCHEDULE:

Day: tba – 3:00 pm After-School

3 pm – Arrival to Program: Healthy Snacks, Social & Preparation

3:15 pm – 4 pm – Program Activity

For further information, please do not hesitate to contact: Program Leader Patsy MacKenzie at patmk30@hotmail.com

Doctor's Name _____

Doctor's Phone _____

Health Card # _____

Expiry Date _____

*** IN CASE OF EMERGENCY, please name a person who will be available for contact during the program.**

Primary Contact _____

Alternate _____

Home Phone _____

Business Phone _____

Other (please specify) _____

Guardian Consent

Signature (Parent/Guardian): _____

Date: _____

Video / Photograph Consent

We will take photos &/or videos to document a group experience, which could then be used in our promotional and/or educational materials locally &/or provincially with partners or &/or media. **Permission is granted for Fit Yoga Program to use photographs or video footage of this participant for these purposes.**

_____ YES _____ NO

Participant Name

Parent/Guardian Signature

Date

Waiver

I understand that although safety will be a priority, parts of the program may be physically or emotionally challenging. I recognize the inherent risk of injury in physical activities. I understand that each participant must assume the risk of injury that could result from any of these activities. I release the Fit Yoga Program planning committee, Victoria County, Naturally Active for Life Victoria County (Est. 2011), Province of Nova Scotia, CBVRSB, Baddeck Academy, Partners, Members, Leaders, Contractors, Service Providers & Facility Operators from all liability for any injury to my youth from participating in this program. To the best of my knowledge _____ is in good physical condition (except as noted previously) and capable of participating in an active program. Authority is granted for her to receive emergency medical treatment as deemed appropriate. **(In the event of an emergency, you will be contacted immediately!)**

Participant

Signature of Parent/Guardian

Date