



# GO (Get Outside in Nature) Program Registration Form 2018-19

## -Health Information, Travel & Waiver-

All Information must be completed & returned to the main office to participate in the program – Programs starts October 11, 2018 Week

**Please complete this application in full and return to school office by Oct. 9, 2018**



**Registration Deadline: Return to school office by Oct. 9<sup>th</sup> Program Dates: Starts October 11, 2018 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: 3:00 – 5:00 or 5:30 pm After-School**

**3 pm – Arrival to Program: Healthy Snacks**

**3:10 pm - tba – Program Activity (Travel may be included), departure from school**

**For further information, please do not hesitate to contact: Program Leader: (Judith King: 902.295.3141 (H))**  
[ajudithmarg@ns.sympatico.ca](mailto:ajudithmarg@ns.sympatico.ca)

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 GO-Get Outside in Nature Program 2018-19 to use photographs or video footage of this participant for these purposes.**

\_\_\_\_\_ YES \_\_\_\_\_ NO

Participant Name

Parent/Guardian Signature

Date

## Permission to Travel Consent (Please PRINT all information)

### Permission Slip for: Trips - #GO (Get Outside in Nature) Program 2018-19

Group: GO-Get Outside in Nature Program 2018-19

Participant Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Condition(s): \_\_\_\_\_

Prescription (s) related to health: \_\_\_\_\_

Health Card Number: \_\_\_\_\_

### Trip Information:

Destinations: Cape Breton Island

Time of Departure from School: 3:10 pm

Expect Time of Arrival Home: 5:00 to 5:30 pm

Trip Supervisor: Retired Teacher and Program Leader Judith King

I hereby give my daughter \_\_\_\_\_ permission to travel to participate in this activity.

Signature (Parent/Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

Parents Comments (i.e. medical, etc.) \_\_\_\_\_

## 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 GO (Get Outside in Nature) Program 2018-19 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