

COE Youth Summer Adventure Program Registration Form 2016

Name: _____ Date of Birth: _____

Male ___ Female ___ Age Group: Please Circle (9-11) (10-12) (12-13) (13-16) (14-16) (14-17)

Address: _____ City: _____ Prov: _____

Postal Code: _____ E-mail: _____

Parent/Guardian: _____ Phone: (H) _____ (W) _____

Emergency Contact: _____ Phone: _____

Name of program you wish to attend: _____

Dates of Program: _____ Second Choice: (optional) _____

How did you hear about COE's Youth Adventure Programs? _____

Best way for us to send information and confirmation package is via: E-mail ___ Mail ___ Fax ___

*****Registration Deadlines are June 1st for July Programs, July 1st for August Programs***
Remaining Balance Due 30 days prior to program start date.**

What is also needed to complete my registration for COE's Youth Adventure Programs?

- A completed registration form (this form)
- A completed Health and Waiver form
- A deposit: \$150 non-refundable for weeklong camps, \$200.00 non-refundable for 2-week camps, \$350.00 non-refundable for month long leadership camps. All deposits are deducted from the balance owing.

COE's Youth Adventure Program Cancellation Policy:

- Deposits are non-refundable.
- Cancellations happening less than 30 days prior to the start of camp must come with a doctor's note in order to receive a full refund, minus the deposit.

If you are using this form for Payment, please include the following:

Deposit ___ OR Payment in full ___ Check or money order ___ Visa ___ M/C ___

Sign below to permit us to charge remaining balance to credit card 30 days prior to start of program.

Sign: _____ Date: _____

Name on credit card: _____

Card Number _____ Card Expiry _____

Cardholder Signature _____

***If you would rather speak to a COE representative to handle payment, please call 1 403 721-2208, or you can fax us your

registration form 1-888-314-3690. E-mail is info@coe.ca. Mail: Box 7, Nordegg, AB, T0M 2H0. Thank you.

I have read and understand registration/cancellation procedures.

_____(Signature of Parent/Guardian)



The Centre for Outdoor Education

Ph: (403) 721-2208 Fax: 1-888-314-3690

General Delivery, Nordegg AB, T0M 2H0

www.coe.ca

info@coe.ca

WAIVER OF LIABILITY & RELEASE OF CLAIMS

READ CAREFULLY: By signing this waiver, you give up your rights to sue.

To: The Centre for Outdoor Education

I UNDERSTAND that the activities and courses offered by the Centre for Outdoor Education involve certain risks and dangers including, but not limited to, the hazards of travel by public or private motor vehicle, accident or illness in remote areas with poor communications, inability to get rescue or medical assistance easily or quickly, the forces of nature, exposure to variable extremes in weather that may cause injury due to heat or cold, and which may prevent or force route and itinerary changes. **I AM NOT RELYING** on any oral or written statements made by the Centre for Outdoor Education or its agents whether in a brochure, advertisement, or in individual conversations to lead me to become involved in this activity on any basis **OTHER THAN** my assumption of the risks involved.

I ACCEPT ALL RISKS and I RELEASE the Centre for Outdoor Education, its officers, employees, guides, agents and representatives from all liability for any personal injury, death, property damage or loss I may suffer as a result of my participation in this activity.

I CONFIRM that I have read this agreement before signing, that I understand it, and that it will be binding not only to me, but also to my heirs, my next of kin, my executors, administrators, and assigns.

In consideration of the Centre for Outdoor Education accepting my application **I AGREE TO THIS RELEASE OF CLAIMS AND WAIVER OF LIABILITY.**

Camp Name: _____ Name of Participant: _____

Signature: _____ Date: _____

****If under age 18, must be signed by parent or legal guardian****

PERSONAL HEALTH INFORMATION

Name of Participant: _____ DOB (D/M/Y) _____ Age: _____

Address: _____ City: _____ Prov: _____ P/C: _____

Parent/Guardian: _____ Home Phone: _____

Work Phone: _____ Email: _____

Provincial Health Ins No. _____ Subscriber's Name: _____

Other Ins: _____ Family Doctor: _____ Phone: _____

Does participant suffer from any physical or emotional disorder that would prevent him/her from participating fully? _____

If yes, please state full particulars: _____

Dietary Restrictions? _____ Allergies? Type & reaction: _____

Any chronic conditions or recent illness/injury our staff should be aware of? _____

Are you on any medications that we should be aware of? _____

Other Comments: _____

Date of Last Tetanus Shot: _____ Corrective Lenses Required? _____

I hereby authorize The Centre for Outdoor Education, or their designates of an event, to secure such medical advice and services as it may be deemed necessary for the health and safety of myself, or my son/daughter (ward). I agree to accept financial responsibility in excess of the benefits allowed by Provincial Health Care.

Signature: _____ Date: _____

****If under age 18, must be signed by parent or legal guardian****

We ask your permission to use a picture we've taken of you (or your ward) during your time with COE to use in our advertising.

I, _____, hereby give the Centre for Outdoor Education permission to use pictures of myself or son/daughter for their brochures or advertising. Signature: _____

****If under age 18, must be signed by parent or legal guardian****

Do you want to receive new info from COE? Yes No What is the best way to contact you? Email Snail Mail
How did you hear about us? _____