

**COE Youth Summer Adventure Program Registration Form 2018**

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 1<sup>st</sup> for July 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

You can fax us your registration form to 1-888-314-3690., or E-mail info@coe.ca. or

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**  
 General Delivery, Nordegg AB, T0M 2H0

Ph: (403) 721-2208  
[www.coe.ca](http://www.coe.ca)

Fax: 1-888-314-3690  
[info@coe.ca](mailto: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? \_\_\_\_\_