Wynchemna - Calgary, Alberta

Youth Registration Form (15 - 23 years old)

Name of Student: _____

Date of Birth [D/M/Y]:_____ **Sex:** _____ **Type of school:** _____

Name / Address of Parents: _____

_____

_____

Employment: _____ **Company:** _____

Private Tel. # (with area code) _____ **Fax #** (with area code) _____

Emergency Tel. # _____ **Email:** _____

My child wants to enroll in the following language instruction course:

☐ **English instruction — S/he has learned English for _____ years; OR**

☐ **English / French instruction — S/he has learned English for _____ years and French for _____ years**

My child wants to register for the following course:

☐ **June 27 to July 24, 2008 (4 weeks)**

☐ **July 12 to August 8, 2008 (4 weeks)**

☐ **July 27 to August 23, 2008 (4 weeks)**

☐ **July 4 to July 24, 2008 (3 weeks)**

☐ **July 19 to August 8, 2008 (3 weeks)**

☐ **August 3 to August 23, 2008 (3 weeks)**

My child is a: ☐ **non-swimmer** ☐ **beginner swimmer** ☐ **strong swimmer**

Special Needs (for example: vegetarian or special diet, medicine, allergies, recent illness or operation)

_____

_____

_____

Wynchemna reserves the right to cancel or modify any programme or programmes listed in the brochure because of an insufficient number of participants or for any other reason beyond its control. In such a case, written notification of cancellation will be sent out and the fees will be refunded. — Wynchemna reserves the right to withdraw participants whose behavior is likely to affect the smooth operation of the programme or adversely affect the enjoyment or safety of other participants. Wynchemna will be under no liability to such persons. If a child has to be sent home on disciplinary grounds, the parents will be required to pay for any costs incurred.

Parent consent:

Experience has shown that in connection with recreational activities there are times when illness or accident may occur and immediate surgical or medical attention is necessary. This is my permission for the official in charge to make arrangements for surgical or medical attention for my child/ward in the event of an emergency without necessity of my prior approval. I understand that I will be notified by the quickest means possible if this authority is exercised. — Some of the activities listed in the brochure (for example, horseback riding) require an adult to sign liability waiver-forms. By signing this registration form, I give permission to the Wynchemna Instructor to sign a waiver-form for my child. — I understand and permit that my child may have his or her photograph taken, and that these photographs may be used for advertising or other purposes by Wynchemna (for example, in brochures or on its website).

Date: _____ **Signature of parent or guardian:** _____

Please send or fax this registration form
to the following address: