



Registration Form

COURSE: _____ **DATE:** _____

LOCATION: _____

Course Participant:

Name: _____

Ph. Number: _____

Mailing Address: _____

City: _____ **Province:** _____

Postal Code: _____

Birthdate: _____ **E-mail Address:** _____

In Case of Emergency:

Name: _____

Ph. Number (s): _____

Relationship to Subject: _____

If the participant is under the age of 19 a Guardian must sign for the participant:

**I _____ HERBY GIVE PERMISSION TO MY UNDER AGE
CHARGE TO PARTICIPATE IN THE AFOREMENTIONED COURSE.**

DATE: _____ **LOCATION:** _____

RELATIONSHIP TO UNDERAGE CHARGE: _____