



CAMP, CLINIC & LEARN-TO Registration Form 2019

WIBC, P.O. Box 25, Wolfe Island, ON, K0H 2Y0
info@wolfeislandboatclub.ca

Camp/Clinic/Learn-to: _____ Date of Program: _____ Fee: _____

Name of Participant: _____ Paid by: _____

Age of Camper _____ Date of Birth: _____

Name of Parent or Guardian: _____

Address: _____ Postal: _____

Home Phone: _____ Cell: _____ Alternate: _____

Email: _____

Emergency Contact: _____ Relation: _____ Phone: _____

Family Doctor: _____ Phone: _____

Health Card Number: _____

Are there any medical, learning or behavioural conditions of which we should be aware (including insect, food and medical allergies)? Yes ____ No ____

If yes, please explain: _____

Please list those who will be dropping off/picking up the participant: (First & last names)

Waiver

I understand that it is a condition of my participating in this program that I do so at my own risk. Therefore in consideration of my acceptance of entry into this program, I agree to save harmless and keep indemnified the Wolfe Island Boat Club, the organizers and their respective agents, officials, servants and representatives from and against all claims, actions, costs, expenses and demands in respect to death, injury, loss or damage to my person or property, howsoever caused, arising out of or in connection with my taking part in this program, not withstanding that the same may have been contributed to or caused or occasioned by the negligence of the same bodies, or any of them, or their agents officials, servants or representatives. I further understand and agree that this release is binding upon myself, my heirs, executors and assigns. I understand that photographs and/or videos taken of program participants, staff may be used for promotional purposes and I hereby consent to such by the Wolfe Island Boat Club.

Participants Signature _____ Date: _____
(Parent or Guardian if participant is under 18 years of age)