

**EVENT REGISTRATION FORM**

**Event**                      **Date**  
 Age as of event              Date of Birth

**Name**

Phone (    )

Full address

Email

**Participant's Agreement**

To ensure that I gain as much as possible from this event, and for the good of all who attend, I agree to cooperate with the guidelines set by the event coordinators and, to participate to the best of my ability in all the planned activities. I understand that permission to participate in the activities may be withdrawn, if this agreement is not honoured. I also understand that photographs and video recordings taken at this event may be used for promotion, St. Thomas' website, and/or news purposes.

X

Participant's signature

Date:

X

Parent's/Guardian's Signature

Date:

(To be signed if participant is under 18 years of age)

**MEDICAL INFORMATION**

**Parent/Guardian's Name:**

**Phone Numbers: Home (    )                      Work (    )                      ext**

**Health Card # (optional):**

**Emergency Contact Name (other than parent):**

**Phone Numbers: Home (    )                      Work (    )                      ext:**

**Participants Physician:                                      Phone: (    )**

**Please indicate any allergies participant's have to:**

- Food:**
- Drug:**
- Other:**

Special needs or concerns relating to emotional, physical, social, intellectual and/or spiritual development? (This information is very important as it will assist our staff in providing the best care and experience for the participant.)

**Indemnity Form** -To the best of my knowledge, participant is healthy and free of any communicable diseases. I realize that if he/she becomes infected from now until the time of departure from this event, I must inform the event coordinators.

In the event of an emergency in which medical treatment is required, I give permission to the event coordinators to obtain the services of a licensed physician, and to arrange for transportation of the participant to the nearest medical facility.

**Travel** -This event may involve the participant being transported in a private vehicle. I give permission for this to take place.

X

Parent's/Guardian's Signature

Date: