



“Into the Wild”
Outdoor Adventure & Youth Mentorship Program
May 19-21, 2017

Registration Information:

Youth's Name: _____

Address: _____

Home Telephone Number: _____

Date of Birth: _____

Health Card Number: _____

Name of Parent or Guardian: _____

Address (if different from above): _____

Home Telephone Number: _____ Cell Number: _____

Name of Emergency Contact: _____

Telephone Number: _____

Medical Information: Please list any medical concerns / problems:

Please list any food allergies:

Is there anything else that you would like to tell us about yourself?

Parental Consent & Waiver:

I consent for my child to participate in The Grind Pembroke's "Into the Wild" program.

I hereby certify that my child _____ is physically fit, has medical insurance, and has been given consent to participate in physical activities.

I understand that all safety precautions will be taken, but in the event of accident or injury, The Grind Pembroke, instructors, or agents cannot be held responsible and I do hereby waive, relinquish and release all rights to damages which may be sustained.

My child has permission to be transported to participate in The Grind Pembroke's "Into the Wild" program.

I give permission for The Grind Pembroke to use photographs/videotapes of my child participating in the program for publicity purposes.

(circle) Yes No Initial: _____

Signature _____ Date _____

Print Name _____