



Participant's Name: [ ]

Today's Date: [ ]

Mailing Address:

Telephone Home: [ ]

Street [ ]

Work: [ ]

City [ ]

Child's/Youth's Age: [ ] Birthdate: M D Y

Province [ ] Postal Code: [ ]

Age Level of Participant: **Child** **Teen** **Adult** **Senior** **Family**  
(Circle One)

**Programs:**

Chq# [ ] Cash: [ ] P.D. [ ]


Fees: [ ]  
[ ]  
[ ]  
[ ]  
[ ]

Program Dates: [ ]  
[ ]  
[ ]  
[ ]  
[ ]

\*Total Fees: [ ]

**\*Registration includes a \$15.00 non-refundable administration fee.**

**Is your Emergency Information form:**

- on file with us?
- or complete and attached?
- Is your Payment included?

**Disclaimer and Release of Liability**

• I hereby apply to the Pender Harbour Community School Society (the "School") to register myself/my child in programs and Activities (the Activities") provided by the School. I am aware that some of these activities involve dangers, and cannot be offered unless I am willing to release the School from liability. The School does not guarantee the safety of myself/my child or personal belongings. These dangers include the outdoors, wildlife, water, actions of other people, use of toys, crafts, and sports equipment and travel. I acknowledge that I am aware of the dangers involved, and I agree to be responsible for my actions/my child's actions and to release the School from liability for injury to myself/my child, or personal property or others in connection with Activities.

• I hereby declare and agree that I/my child is medically, physically, emotionally and otherwise fit and able for the Activities, and I recognize and agree that the School may refuse or remove myself or my child, who in the School's opinion is not so fit and able, or who in the School's opinion may represent a hazard to themselves or others.

• Accordingly, I hereby release and save harmless the School of and from any and all liability, claims, damages, suits, including costs thereof, which I or my child, now have or may at any time in the future have for any and all injury or death to him/her, to me or to anyone else, and from loss or damage to my child's property, my property or property of anyone else, in any way resulting from or contributed to by the Activities. Further I hereby accept and agree that I shall pay and be responsible for any medical or other cost associated with myself/my child that may arise in course of Activities. Herein, the School includes its agents, employees, contractors, officers, successors and assigns, volunteers and others assisting in the Activities, and sites and the owners thereof at which Activities take place, and this shall be binding upon me, my family, heirs, estate, personal representatives, successors and assigns.

• My child's participation in Activities shall be at my risk and cost.

• I acknowledge that registering my child/myself grants me membership in the Society. Membership is free and open to residents of the Sunshine Coast who live or work in Area "A". Membership in the society gives me the opportunity to to attend and vote at the General meeting. Those who are over the age of 19 are eligible for a voting membership.

Dated at Madeira Park, this [ ] day of [ ], 20 [ ]

\_\_\_\_\_  
Signature of Participant, if 19 years or older

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Printed Name of Parent or Guardian

\_\_\_\_\_  
Printed Name of Witness