



ACADIA
UNIVERSITY



Morton Centre Environmental Education Programs PARTICIPANT REGISTRATION FORM



Program Name: _____ Dates: _____

Name of Participant (print): _____

Name of Parent/Guardian (print): _____

Address (street, town, postal code): _____

Phone # (h): _____ (w): _____ (c) _____

Email: _____

Emergency Contact (other than parent/guardian listed above): _____

Relationship to participant: _____

Phone # (h): _____ (w): _____ (c) _____

PARTICIPANT PERSONAL INFORMATION:

Date of birth (DD/MM/YYYY): _____ Age (as of July 1, 2017): _____

Allergies (please indicate severity/type of reaction):

Food allergies: _____

Other allergies: _____

If allergy causes anaphylaxis, does participant carry an EpiPen and Benadryl? Yes No

Will the participant take medication during the program? Yes No

If yes, please discuss with staff.

Please explain any other relevant condition or circumstance that may affect this child's participant in this program.

Did your child attend a program at the Morton Centre last summer? Yes No

If so, which one?

Carpooling (optional)

We encourage you to consider carpooling to and from the Morton Centre, as a way of reducing the impact of fossil fuels on the environment. If you indicate an interest in carpooling, we will contact you to discuss details further. Please circle yes or no to the following statements.

I'm open to having my child carpool with other participants that live near me: [yes] or [no]

I have a vehicle and will be available to carpool as a driver: [yes] or [no]

MEDICAL STATEMENT & INFORMED CONSENT *(required)*

Bluenose Coastal Action Foundation programs involve a variety of activities that often include, but are not limited to, cooperative games, group initiatives, and physical adventure activities outdoors in rugged environments.

I am aware of the inherent risks of these activities (including, but not limited to, the potential for insect bites, sunburn, scrapes and bruises) and agree that no Bluenose Coastal Action Foundation staff will be held liable for any injury to my child, or for the loss or damage to my child’s personal property unless such injury, loss, or damage was caused by the sole negligence of Bluenose Coastal Action Foundation / Acadia University.

In case of emergency or illness, every effort will be made to contact the parents/guardians. In the event that contact cannot be made, I give permission for Bluenose Coastal Action Foundation staff to provide first-aid treatment and give permission for qualified emergency response personnel to provide care to my child.

Due to non-recoverable costs, registration cancellations made with less than two weeks’ notice includes a 50% non-refundable deposit. Given two weeks’ notice (prior to program start date), we will refund the full registration cost.

Bluenose Coastal Action reserves the right to cancel the program due to lack of funds, number of registrants, or any other reason at their discretion, and, upon doing so, will refund the registration fee.

Bluenose Coastal Action Foundation reserves the right to refuse participation to any participant for rule infractions.

I understand that I may ask questions or request further explanation or information about the program at any time before, during, or after the program. I have read, understand, and agree to the above consents.

Participant name: _____ **Date:** _____

Parent/Guardian: _____ (name) _____ (signature)

PHOTO CONSENT *(optional)*

I hereby give permission for Acadia University and/or Bluenose Coastal Action Foundation to use photographic or video-graphic digital images of my minor child. I grant Acadia University and Bluenose Coastal Action the right to publish photographic images and/or video footage on either or both entities websites and permit the use photographic images and/or video footage in any media produced by or on behalf of Acadia and/or Bluenose Coastal Action. I waive any right that I may inspect or approve the finished product that may include the use of photographic, digital, or video images of my child. I understand that my child’s name will not be used in connection with his/her image.

Participant name: _____ **Date:** _____

Parent/Guardian: _____ (name) _____ (signature)

PAYMENT INFORMATION Please check (✓) your method of payment:

- Cash
 - Cheque
 - Credit Card (PayPal)
- Mail or deliver to: Bluenose Coastal Action Foundation
Cpt. Angus Walters House
37 Tannery Rd, PO Box 730
Lunenburg, NS B0J 2C0
- Payable to “Bluenose Coastal Action Foundation”
← Mail or deliver to this address.
- Go to www.coastalaction.org/ and follow the prompts to pay through PayPal. Mail or deliver this form to the ← Bluenose Coastal Action office.

The information contained in this form will be held in confidence. This form and payment must be completed and returned prior to the start of the program.

For office use:
 Paid Date:
 Program info sent