

Youth Name: _____ Gender: M _____ F _____

Current Grade: _____ Date of Event: _____

Date of Birth: _____ Health Card Number: _____

Parents' Name(s): _____

Address: _____ City/Town: _____

Prov: _____ Postal Code: _____ Phone: _____ Cell: _____

Email: _____

Emergency Contact (Name & Phone/Cell): _____

Allergies/Medical Conditions: _____

Please include all relevant medical conditions, medications, and allergies (food, environmental) to ensure we can accommodate and attend to medical emergencies.

Guests on RJC campus for Spend-A-Day events and activities will be expected to be respectful and abide by the classroom and school rules, regulations, and policies as outlined in the RJC Student Handbook. RJC reserves the right to send home any student who exhibits blatant disregard for the rules in place to protect the safety and security of the students, staff, and facilities of Rosthern Junior College.

RJC does not assume any responsibility for lost and/or stolen items. We will work to ensure the event is a success but ask that youth leave all valuable items at home and ensure property is marked appropriately. The following waiver of all claims, release from all liability, assumption of all risks, agreement not to sue, and other terms of this agreement are entered into by me (the Participant) with and for the benefit of Rosthern Junior College, its directors, officers, employees, volunteers, business operators, agents, and site property owners or lessees (collectively the "Host").

Parent Signature

Date

I understand that photographs and/or video of my child may be taken for use in school promotional material, newspapers, magazines, Facebook, and/or website. I waive the right to inspect or approve the photo and release for photo to be used for such purposes.

Parent Signature

Date