

KINGSTON JUNIOR NATURALISTS

REGISTRATION FORM 2018-2019

Please fill out the form on Page 2 and return by **15 September (or 15 December for January entry)**

- All past members will be accepted provided they register by 15 September.
- New members (aged 6-12) may phone for an application form (613-389-6742) or download from the youth website at www.kingstonfieldnaturalists.org/youth
- Numbers are limited. If for any reason you do not wish to re register please let us know (613-389-6742).
- Teens (13-17) should phone for a Teen Registration Form as soon as possible (613-389-6742) or use the Teen Registration Form in the Youth section of the website www.kingstonfieldnaturalists.org/youth .

Junior Meetings and Field Trips

Meetings are held on the 2nd and 4th Thursday of each month from 6:30 to 8:00 p.m. at McArthur Hall (Education) Queens. Field trips are usually on the fourth Saturday of each month. Details are mailed in the monthly Newsletter.

***** First Meeting – Thursday 27 September 2018 or Thursday 10 January 2019 *****

FURTHER INFORMATION

- at first meeting
- in emailed Newsletter each month
- phone Anne Robertson 613-389-6742
- email n8ture.ann@sympatico.ca

Keep this page for your reference:

Fill out and mail Page 2:



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----- MAIL THIS PAGE -----

Please mail for receipt by **15 September**, to: Anne Robertson
12 Lakeshore Blvd.
Kingston ON K7M 4J6



Name: _____

Address: _____

City/Prov/Post Code: _____ / ON / _____

Phone Numbers:

Home: _____

J-Cell: _____

Mother's Work: _____ Ext'n _____

M-Cell: _____

Father's Work: _____ Ext'n _____

F-Cell: _____

Date of Birth: _____

Health Card No.: _____

email: _____

PLEASE ENCLOSE \$20.00 REGISTRATION FEE

Please make cheques payable to: **Kingston Field Naturalists and mail as above.**

CONSENT FORM – (do not detach)

I give my permission for _____ to take part in Kingston Junior Naturalist activities. I will not hold the Kingston Field Naturalists responsible for injury to the child (named above) or for damage or loss of their possessions resulting from this participation.

In the event of an emergency I authorize the administration of any medical procedures deemed necessary by a physician.

Allergies, learning or other problems that should be discussed _____

Signed _____

Date _____

Parent