

KINGSTON JUNIOR NATURALISTS

REGISTRATION FORM 2019-2020

Please fill out the registration form and mail with payment by 15 September 2019.

- All past members will be accepted provided they register by 15 September 2019.
- New members (aged 6-12) may phone for an application form (613-389-6742) or download from the Kingston Junior Naturalists page on the KFN website at kingstonfieldnaturalists.org.
- 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 download the Teen Registration Form on the KFN website kingstonfieldnaturalists.org.

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 emailed in the monthly Newsletter.

***** First Meeting – Thursday 26 September 2019 *****

FURTHER INFORMATION

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

Keep this page for your reference.

Fill out and mail the registration form and payment to:

Anne Robertson
12 Lakeshore Blvd.
Kingston ON K7M 4J6



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..... MAIL THIS PAGE

Please mail for receipt by 15 September 2019, to: Anne Robertson
12 Lakeshore Blvd.
Kingston ON K7M 4J6



Name: _____

Address: _____

City/Prov/Post Code _____ / ON / _____

Home Phone #: _____

Junior's Mobile #: _____

Parent 1's Name: _____

Parent 1's Mobile #: _____

Parent 2's Name: _____

Parent 2's Mobile #: _____

Date of Birth: _____

Health Card No.: _____ (Optional)

Email Address: _____

PLEASE ENCLOSE \$20.00 REGISTRATION FEE

Please make cheques payable to: **Kingston Field Naturalists.**

CONSENT – (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 _____

Parent Signature: _____

Date: _____