



# KINGSTON TEEN NATURALISTS

## REGISTRATION FORM 2019-2020

Please fill out the registration form and mail it with payment **as soon as possible**.

**Teen meetings** usually take the form of an all-day field trip and usually take place mid-month on a Friday evening or a Saturday from September to June.

**The first meeting** this year will be a canoe trip on **Saturday, 14 September 2019**.

**Please check the Newsletter** for confirmation of the date and **please call** Anne Robertson at 613-389-6742 or email [n8ture.anne@sympatico.ca](mailto:n8ture.anne@sympatico.ca) **by the Tuesday before the trip** for final details and to ensure transportation.

**\*\*\* First Meeting – Saturday, 14 September 2019 \*\*\***

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

# KINGSTON TEEN NATURALISTS

## REGISTRATION FORM 2019-2020

..... 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 #: \_\_\_\_\_

Teen'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 Teen 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: \_\_\_\_\_