

KINGSTON TEEN NATURALISTS

REGISTRATION FORM 2023-2024

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

Please mail for receipt by **6-September-2023** 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: _____