

# KINGSTON JUNIOR NATURALISTS

## REGISTRATION FORM 2023-2024

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

Please mail for receipt by **19 January 2024** to: Sarah Wallace  
140 Benjamin Ct.  
Amherstview  
ON K7N 2A2



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: \_\_\_\_\_